

Basell – Medical Request Form

Required information:

End User (i.e. marketer of medical device or pharmaceutical):
 (contact name, address, phone, email)

Converter

Product:
 (Basell grade)

Supplier:
 (For Value Plastics Use Only)

Application:
 (detailed description of the application)

Kind of medical certification needed:
 (e.g. DMF, USP, etc.)

Medical Device Classification:

Consumption:
 (lbs per year)

Items below To be filled out by LyondellBasell Only

Specific demands of customer:
 (e.g. delivery specification)

Secrecy agreement:
 (yes, if in existence/ no/ required)

Approved:
 (yes/no)

Compliance declaration issued/date:
 If yes, attach copy and proof of delivery