



This form, when completed, will be classified as 'For official use only'.
For guidance on how your information will be treated by the TGA see: Treatment of information provided to the TGA at
<<https://www.tga.gov.au/treatment-information-provided-tga>>.

Recipient/Consignee/Delivery Details

This Order is placed under the Agreement for supply of Reagents between the Commonwealth of Australia as represented by the Therapeutics Good Administration of the Department of Health and Aged Care and the Recipient.

*Fields marked with * are required*

Purchase Order Details*

Please note: A Purchase Order Number is a unique number assigned to a purchase order form. The purchase order details the products or services a business wishes to receive from a particular vendor (or supplier). The purchase order number will be referenced throughout the transaction order process by the TGA.

Purchase Order (PO) Number*

If available, please submit a copy of your Purchase Order with this form

Company Name*

Recipient Details*

Details as entered will be used to prepare shipping documentation

First name*

Last name*

Phone number*

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Email*

Alternate contact 1

First name*

Last name*

Phone number*

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Email*

Alternate contact 2

First name	Last name	Phone number

Email

Shipping Address Details*

Address Line 1*	
Address Line 2	
City*	
State/Province*	
Postcode*	
Country*	

Order information

Courier Details*

Please note: The TGA's preferred courier is World Courier

- World Courier
- Other (*Ensure that the courier is able to handle dry ice. All shipping costs are the responsibility of the*

ordering organisation) Other courier name

Courier account number*

Shipping Information - are there any codes required on the Shipping Documentation?*

*for example HS code, Importers Code, VAT Number.

- Yes
- No

If Yes, please provide the codes/details

Temperature Monitoring - Do you require the shipment to be temperature monitored?*

**Temperature monitoring may not be available for orders shipped with other couriers than World Courier. This service incurs additional fees payable to the courier. The TGA is unable to provide a quote for this service. Please consult with your courier service provider.*

- Yes
 No

If Yes, please indicate the number of monitors required per shipping box

- 1 (No back up if monitor fails)
 2 (Allows for an additional monitor in the event that a monitor fails)

Permit Information - Is a permit required* Please check with the local authority of the receiving country regarding permit requirements

- Yes
 No

If Yes, please provide details and please submit a copy of your Permit with this form.

Permit number

Permit Expiry date

If the permit is not in English, an official English translation must also be provided

Do you require any of the following documents (as per permit/importation requirements)?

- Packing List

Do you have any other documentation or information for the Influenza Reagents team?*

- Yes
 No

If Yes, please provide information. Please submit a copy of any other associated documents related to your order

Invoicing Information - Is the handling fee applicable?* *A handling fee is applicable for all orders with the exception of National Regulatory Authorities (NRA's) and Official Medicines Control Laboratories (OMCL's). Refer to the [TGA Influenza reagents website](#) for details on the handling fee that will be applicable.*

- Yes (Provide billing details below)
- No (for National Regulatory Authorities (NRA's) or Official Medicines Control Laboratories (OMCL's) orders only)

By selecting No, you are indicating that this order is being placed by or on behalf of a National Regulatory Authority (NRA) or Official Medicines Control Laboratory (OMCL). If this is not correct, the order will be rejected

Billing details

First name*	Last name*	Phone number*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email*	Alternate email	
<input type="text"/>	<input type="text"/>	
Department		
<input type="text"/>		
Billing Address*	Country*	
<input type="text"/>	<input type="text"/>	

Order details

Reagent Order no:	Sub Type/Lineage – Lot number	Quantity
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Terms and Conditions

All correspondence relating to influenza reagents should be sent to influenza.reagents@health.gov.au. For correspondence relating to an order, include your Reference Code in the subject of the email.

For the purpose of the [Agreement for the supply of Reagents](#) the TGA Representative is the Influenza Vaccine Program Officer.

Recipient disclosure*

The Recipient declares that there are no Proceedings (as defined in clause 14.3) that to the best of the Recipient Personnel's knowledge after due inquiry, are threatened against it or a Related Body Corporate which, if adversely decided, would in all the circumstances be reasonably likely to have a material adverse effect on the Recipient's ability to perform its obligations under this Agreement, and/or Recipient's reputation

The Recipient discloses the following Proceedings:

I acknowledge that I have read and understand the [Agreement for the supply of Reagents](#);

I agree to the [Agreement for the supply of Reagents](#);

I confirm the recipient's compliance with the Applicable Requirements, including the sanctions regimes as at the date an Order is placed (see the [Agreement for the supply of Reagents](#), clause 6).

Name

	Date	

Please ensure all mandatory fields are completed. When your form is complete, please send it via email to influenza.reagents@health.gov.au referencing 'New Influenza Reagents Order' as the subject. Please ensure any associated documents such as Purchase Orders and Import Permits are also included in the email.