

ORDER ACKNOWLEDGEMENT

Order No.	Order date	Customer No.	Page
105370	19-01-21	12597	1

Delivery address

University Hospital Motol
Sklad SZM, V Uvalu 84
15018 PRAGUE 5
Czech Republic

Invoice address

University Hospital Motol
Business Branch, V Uvalu 84
15018 PRAGUE 5
Czech Republic

Your reference

Est.shipping date
19-01-22

Your order no.
2322916

Your order date
19-01-18

Our reference

Terms of payment
30 days net

Terms of delivery *
* DAP PRAGUE 5

Way of delivery
Truck

Pos	Item	Quantity	Unit	Price/unit	Disc %	Value
10	19900	Perfadex Plus 2x3000 mL	15,00 bxs	920,00		13.800,00
20	19123	Haemonetics Filter SQ40SE	30,00 pcs	0,00		0,00
30	19005	Silicone Tubing Set	10,00 pcs	75,00		750,00
40	80002	Freight cost Transplantation	1,00 pcs	600,00		600,00
				Total excl VAT	Currency	Total
				15.150,00	EUR	15.150,00

We hereby acknowledge your order providing that, by the time of delivery, all products listed above comply with XVIVO Perfusion's specification for the Product as confirmed by our stringent Quality controls. All amendments on this document must be notified to XVIVO Perfusion by email/fax within 1 day, provided that the order has not been processed for shipment. Please note that XVIVO Perfusion's general sales terms apply to all orders acknowledged by XVIVO Perfusion.

* as per INCOTERMS 2010

Postal address
XVIVO Perfusion AB
Box 53015
SE 400 14 Göteborg
SWEDEN

Visiting address
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SE 412 51 Göteborg
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Telephone
Fax

