



ORDER ACKNOWLEDGEMENT

Order No. 104707 Order date 18-06-26 Customer No. 12597 Page 1

Delivery address

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

Invoice address

I Iniversitv Hospital Motol
 Business Branch, v Uvalu 84
 15018 PRAGUE 5
 Czech Republic

Your reference

Est.shipping date
 18-06-26

Your order no.
 Spec.Order 25%

Your order date
 18-06-22

Our reference

Terms of payment
 30 days net

Terms of delivery *
 * DAP PRAGUE 5

Way of delivery
 FedEx Express

Pos	Item	Quantity	Unit	Price/unit	Disc %	Value
10	19900 Perfadex Plus 2x3000 mL	30,00	bxs	920,00	25	20.700,00
20	19005 Silicone Tubing Set	5,00	pcs	75,00	25	281,25
30	19123 Haemonetics Filter SQ40SE	60,00	pcs	0,00		0,00
40	80002 Freight cost Transplantation	1,00	pcs	968,00		968,00
Total excl VAT						
21.949,25				Currency		Total
				EUR		21.949,25

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
 Mässans gata 10
 SE 412 51 Göteborg
 SWEDEN

Telephone
 Fax

Bank