



SIGMA-ALDRICH

**END USER DECLARATION FOR
NARCOTIC SUBSTANCES FROM
SIGMA-ALDRICH SWEDEN AB**

Catalogue Number _____ Quantity _____

Product name _____

Company / Institution _____

Department Name _____

End User Name _____

Street Address _____

City, Province _____

Country _____ Postal Code _____

Phone Number _____ Fax number _____

END USAGE INFORMATION

The substance will be used exclusively for: (detailed information of enduse; we do not accept descriptions like "research purposes" or other)

I hereby certify that this item will be used strictly for legal and scientific research purposes and that it will not be re-exported. I also accept the addition of an administrative fee due to license costs.

Authorized Drug Buyer's legally binding signature Name in block letters

Date/Place Position of signer

License number / other authorization
