

Institution/Company	
Address	
Postal code	
City	
Country	
Contact person(s)	
Phone number	
E-mail	

How many different chitosan samples would you like to provide?

Please specify: (Viscosity/ Deacetylation)		Quantity	<input type="text"/>
		Quantity	<input type="text"/>
		Quantity	<input type="text"/>
		Quantity	<input type="text"/>
		Quantity	<input type="text"/>
		Quantity	<input type="text"/>
		Quantity	<input type="text"/>
		Quantity	<input type="text"/>
		Quantity	<input type="text"/>

By filling in and returning this form, I/we confirm to participate in the international inter-lab comparison program to standardise the measuring methods and the characterisation of chitosan. **I am/we are responsible for my/our own costs.** Please return the form via:
fax: 0049-345-27996378 or
print, scan and e-mail us at: standardisation@medical-chitosan.com.

Signature