



Confirmation Form

Date/Place :

We confirm to have received the information “Emergency protocol for reuse of MagNA Pure 96 processing cartridge (product no. 06241603001)”.

We take full accountability for the processes carried out according to the above mentioned protocol as well as for any results and consequences thereof. We are informed that the procedure described in the protocol is off label according to the manufacturer.

(To be signed, Scanned and Returned to Roche via Email.)

Name/ Department (use capital letters)	Date and Signature