

Customer-defined Medical Device Sourcing Report

Request For Quotation

1. COUNTRY¹ (Select up to Five)

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Argentina | <input type="checkbox"/> Great Britain | <input type="checkbox"/> Philippines |
| <input type="checkbox"/> Australia | <input type="checkbox"/> Hong Kong | <input type="checkbox"/> Poland |
| <input type="checkbox"/> Austria | <input type="checkbox"/> Hungary | <input type="checkbox"/> Romania |
| <input type="checkbox"/> Belgium | <input type="checkbox"/> India | <input type="checkbox"/> Russia |
| <input type="checkbox"/> Brazil | <input type="checkbox"/> Indonesia | <input type="checkbox"/> Singapore |
| <input type="checkbox"/> Cambodia | <input type="checkbox"/> Ireland | <input type="checkbox"/> Slovakia |
| <input type="checkbox"/> Canada | <input type="checkbox"/> Israel | <input type="checkbox"/> Slovenia |
| <input type="checkbox"/> China | <input type="checkbox"/> Italy | <input type="checkbox"/> Spain |
| <input type="checkbox"/> Colombia | <input type="checkbox"/> Japan | <input type="checkbox"/> Sweden |
| <input type="checkbox"/> Costa Rica | <input type="checkbox"/> Korea | <input type="checkbox"/> Switzerland |
| <input type="checkbox"/> Czech Republic | <input type="checkbox"/> Malaysia | <input type="checkbox"/> Taiwan |
| <input type="checkbox"/> Denmark | <input type="checkbox"/> Mexico | <input type="checkbox"/> Thailand |
| <input type="checkbox"/> Dominican Republic | <input type="checkbox"/> Netherlands | <input type="checkbox"/> Turkey |
| <input type="checkbox"/> Finland | <input type="checkbox"/> New Zealand | <input type="checkbox"/> USA |
| <input type="checkbox"/> France | <input type="checkbox"/> Norway | |
| <input type="checkbox"/> Germany | <input type="checkbox"/> Pakistan | |

Not Listed? Please Specify

¹ This list represents the top forty-seven countries in terms of the number of establishment/entities listed in the database, which equates to ten entries or more.

2. Device Application (Select up to Three)

- Anesthesiology
- Cardiovascular
- Clinical Chemistry
- Dental
- ENT
- Gastroenterology/Urology
- General Hospital
- Hematology
- Immunology
- Microbiology
- Neurology
- Obstetrics/Gynecology
- Ophthalmic
- Orthopedic
- Pathology
- Physical Medicine
- Radiology
- Surgery
- Toxicology

3. Product Code(s) (Enter up to Ten)

3. Establishment Description (Select Services of Interest)

- Complaint File Establishment
- Contract Manufacturer
- Contract Sterilizer
- Foreign Exporter
- Foreign Private Label Distributor
- Manufacturer
- Remanufacturer
- Repackager/Relabeler
- Reprocessor of Single Use Devices
- Specification Developer
- U.S. Manufacturer of Export Only Devices

Requesting a Custom Medical Device Sourcing Report Quotation

REQUESTOR INFORMATION

Name	_____	Date	_____
Company	_____		
Title	_____		
Email	_____	Phone	_____
Address	_____		
Date Required*	_____		

- The date the report is needed to meet the requestor’s decision support requirements

