



This form, when completed, will be classified as 'For official use only'.  
For guidance on how your information will be treated by the TGA see: Treatment of information provided to the TGA at  
<<https://www.tga.gov.au/treatment-information-provided-tga>>.

## Recipient/Consignee/Delivery Details

This Order is placed under the Agreement for the supply of Reagents between the Commonwealth of Australia, as represented by the Therapeutics Goods Administration of the Department of Health, Disability and Ageing, and the Recipient.

Fields marked with \* are required

### Purchase Order Details\*

**Please note:** A Purchase Order Number is a unique number assigned to a purchase order form. The purchase order details the products or services a business wishes to receive from a particular vendor (or supplier). The purchase order number will be referenced throughout the transaction order process by the TGA.

Purchase Order (PO) Number\*

If available, please submit a copy of your Purchase Order with this form

Company Name\*

### Recipient Details\*

Details as entered will be used to prepare shipping documentation

First name\*

Last name\*

Phone number\*

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Email\*

Alternate contact 1

First name\*

Last name\*

Phone number\*

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Email\*

Alternate contact 2

First name

Last name

Phone number

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Email

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## Shipping Address Details\*

Address Line 1\*

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Address Line 2

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City\*

--

State/Province\*

--

Postcode\*

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Country\*

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## Order information

### Courier Details\*

**Please note:** The TGA's preferred courier is World Courier

World Courier

Other (*Ensure that the courier is able to handle dry ice. All shipping costs are the responsibility of the ordering organisation*)

Other courier name

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Courier account number\*

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### Shipping Information – Are any codes required on the shipping documentation?\*

Yes

No

If Yes, please provide the codes/details (for example, HS code, Importer Code, VAT Number)

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## Temperature Monitoring – Is temperature monitoring required for this shipment?\*

*Temperature monitoring may not be available when using couriers other than World Courier. This service incurs additional fees payable to the courier. The TGA is unable to provide a quote for this service. Please consult your courier service provider.*

Yes

No

Please indicate the number of monitors required per shipping box.

N/A

1 (No back up if monitor fails)

2 (Allows for an additional monitor in the event that a monitor fails)

## Permit Information – Is a permit required?\*

*Please check with the local authority of the receiving country regarding permit requirements*

Yes

No

If Yes, please provide details and submit a copy of your permit with this form.

*If the permit is not in English, an official English translation must also be provided.*

Permit Number

Permit Expiry date

Do you require a **Packing List** (as per permit/importation requirements)?

## Do you have any other documentation or information for the Influenza Reagents Team?\*

Yes

No

If Yes, please provide information.

Please submit a copy of any other associated documents related to your order.

## Invoicing Information – Is the handling fee applicable?\*

A handling fee applies to all orders, except those placed by National Regulatory Authorities (NRAs) and Official Medicines Control Laboratories (OMCLs). Refer to the [TGA Influenza reagents website](#) for details of the applicable handling fee.

Yes (provide billing details below)

No (NRAs or OMCLs orders only)

By selecting No, you are indicating that this order is being placed by or on behalf of a National Regulatory Authority (NRA) or Official Medicines Control Laboratory (OMCL). If this is not correct, the order will be rejected.

## Billing details

First name*	Last name*	Phone number*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email*	Alternate Email	
<input type="text"/>	<input type="text"/>	
Department		
<input type="text"/>		
Billing Address*		Country*
<input type="text"/>		<input type="text"/>

## Order details

Reagent order no.	Subtype/Lineage – Lot number	Quantity
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

# Terms and Conditions

All correspondence relating to influenza reagents should be sent to [influenza.reagents@health.gov.au](mailto:influenza.reagents@health.gov.au). For correspondence relating to an order, include your Reference Code in the subject of the email.

For the purpose of the [Agreement for the supply of Reagents](#) the TGA Representative is the Influenza Vaccine Program Officer.

## Recipient disclosure\*

The Recipient declares that there are no Proceedings (as defined in clause 14.3) that, to the best of the Recipient Personnel's knowledge after due inquiry, are threatened against it or a Related Body Corporate which, if adversely decided, would in all the circumstances be reasonably likely to have a material adverse effect on the Recipient's ability to perform its obligations under this Agreement, and/or Recipient's reputation.

The Recipient discloses the following Proceedings:

- I acknowledge that I have read and understand the [Agreement for the supply of Reagents](#);
- I agree to the [Agreement for the supply of Reagents](#);
- I confirm the recipients compliance with the Applicable Requirements, including the sanctions regimes as at the date an Order is placed (see [Agreement for the supply of Reagents](#), clause 6).

Name

Date

Please ensure all mandatory fields are completed. When your form is complete, please send it via email to [influenza.reagents@health.gov.au](mailto:influenza.reagents@health.gov.au) referencing 'New Influenza Reagents Order' as the subject. Please ensure any associated documents such as Purchase Orders and Import Permits are also included in the email.