

As the manufacturer of sensitive goods, such as radioactive material, and due to the heightened safety measures involved in shipping overseas, we are obligated to obtain certain information prior to the manufacturing and shipping our product(s). This information is needed for sources manufactured by both Siemens Medical Solutions USA, Inc. and Eckert & Ziegler. **Please complete ALL lines in Roman letters and English.** In order to undergo a well-organized delivery, all the requested information must be provided prior to manufacturing your product. Please allow 3-4 weeks for source manufacturing plus shipping. **The manufacturing process cannot begin until all of the information is provided.**

**Full Name and Address of the Consignee / Importer of Record**  
**(This is where the source will ship & who is responsible for customs clearance.)**

Consignee Company Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 (no PO Box)  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Full Name and Address of the End User (as identified on RAM License)**  
 Please check if the End User information is the same as the Consignee.

Facility / Company Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**STATEMENT of END USER - - - The specified application (end use) of the product(s) is as follows:**

We certify the following:

- The goods will not be re-routed or exported to embargo countries unless specifically licensed. The US embargo countries include: **Cuba, Iran, Iraq, North Korea, Sudan, and Syria.** (Ref. US NRC 10 CFR 110.28)
- We will not re-sell and/or re-export to, or use products containing Special Nuclear Material (plutonium, uranium-233, or uranium enriched in the isotopes uranium-233 or uranium-235) in countries classified under restricted destinations (**Afghanistan, Andorra, Angola, Burma (Myanmar), Djibouti, India, Israel, Pakistan, South Sudan and Libya**) unless specifically licensed. (Ref. US NRC 10 CFR 110.29).
- The goods are properly licensed and approved for use at the address identified above.
- The goods, or a replica of them, will not be used for purposes associated with military, chemical, biological or nuclear weapons, explosives or missile production or for missiles capable of delivering such weapons.
- All of the facts contained in this statement are true and correct to the best of our knowledge and we do not know of any additional facts which are inconsistent with the above statement. We shall promptly send a supplemental statement to Eckert & Ziegler and / or Siemens MI, disclosing any change of facts or intention set forth in this statement which occurs after the statement has been prepared and forwarded.

We understand the "goods" includes, but is not limited to, radioactive materials, sealed sources, technology, confidential information, equipment, product development and other products or services not specifically stated in this document but may be part of the contractual agreement.

**Print Full End User Name & Title (first name, middle name, last name and title) and provide signature:**

First / Middle / Last Name: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Department Where Used: \_\_\_\_\_ Specific Application (End Use) of Product: \_\_\_\_\_

Material Part Number: \_\_\_\_\_ Material Description: \_\_\_\_\_

License / Permit #: \_\_\_\_\_ Amendment / Revision #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Please fax or e-mail a copy of the RAM license to your logistics partner and, for EU, also FAX to: +49 (9191) 18-9794 or e-mail to: Healthcare MI sources EU.

**Is the equipment installed?** YES \_\_\_\_\_ NO \_\_\_\_\_

If no, please advise installation start date. DATE: \_\_\_\_\_

**Is the facility willing and ready to receive the sources?** YES \_\_\_\_\_ NO \_\_\_\_\_

**Is an import license required to import these sources?** YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please e-mail a copy of the license to your MI Factory logistics partner and, for EU, also e-mail to: Healthcare MI sources EU.

If no, add the End User Facility License Number and expiration date: \_\_\_\_\_

**If import license is not available at this time, please advise estimated date of availability.** DATE: \_\_\_\_\_

**Are sources ordered exempt and import license is not required?** YES \_\_\_\_\_ NO \_\_\_\_\_

Please provide corresponding Regulation Reference. \_\_\_\_\_

**If a specific ex-factory date is required, please advise.** DATE: \_\_\_\_\_