Acknowledgment and pledge the beneficiaries' form of research products

(Printed on the beneficiary’s official paper)

Date: …….

His Excellency / Executive Vice President of Operations Sector

Based on confirmation number.................................issued on …………. ............................... for the benefit of the company.................related to the supply of medical devices and supplies for research or educational use below within the relevant facility

|  |  |  |  |
| --- | --- | --- | --- |
| Serial Number | Product name | Quantity | Manufacture Company |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| …. |  |  |  |

We pledge not to use the devices and supplies mentioned above in therapeutic or diagnostic medical applications, but rather their use is limited to the research or educational field only, regardless of their efficiency for therapeutic or diagnostic uses.

With Best Regards,,,

|  |
| --- |
| Signature  |
| Contact Person  |  |
| Job Title |  |
| Date |  |
| Signature |  |
| Seal |  |