



Virena®

☐ I agree to the Terms and Conditions available at quidel.com/virenaterms

☐ I would like this form to serve as my "No Charge" purchase order.

Company Name: _____ ("Customer") Customer PO/Distributor PO: _____

Company Address: _____
Street City

State Zip County

Contact Name: _____

Contact E-mail: _____ Contact Phone: _____

Authorized Users _____
Name E-mail

Name E-mail

Signature: _____
Title Date

Quidel Counter Signature: _____
Title Date

Customer's Sofia Placement Agreement _____ is hereby amended.
Date/Contract ID

Unless otherwise indicated, the individual identified as "Contact" in this document shall be listed as the Customer's Organizational Administrator and shall have access to the Virena website at myvirena.com.

Please fill out the above information, provide an authorized signature, and return in PDF format directly to Quidel Contract Administrators or e-mail to salesops@quidel.com.

Facility Name (if different from Company name)	Physical Address (if different)	City	ST	Zip	County	Type: POL Urgent ED Hosp.	Instrument Serial #	Additional Instrument Serial #
Virena Wireless Router (WR11) (Cat. #20307)	Quantity of Instruments (from above) () x (Annual FMV 303.00)					=	Agg. FMV	Charge to Cust.
								No Charge
Virena Hub Package (Cat. #20296)	Order 1 Virena Hub Package for each "Facility Name" with multiple instruments () x (Annual FMV 9.40) on the same work surface.*					=	Agg. FMV	Charge to Cust.
								No Charge
*For larger installations, attach additional sheets.							Total FMV	PO1011000EN01 (11/18)

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