**…………………………………..**

 (Place, date)

**Radiation Sterilization Plant**

**of Medical Devices and Allografts**

**Dorodna 16 Street**

**03-195 Warsaw**

**Irradiation order No……………..**

|  |  |
| --- | --- |
| **Customer****(Company name and contact details,** **VAT number)** |  |
| **Product** |  |
| **Dose [kGy]** |  |
| **Number of boxes** |  |
| **Ordering person (Name and Surname, phone/e-mail)** |  |
| **Comments**  |  |

**……………………………………………..**

 (Signature and stamp)