BionIT Labs S.r.l. - S.B.
Via Cracovia, 1 - 73010 Soleto (LE)
P.IVA 04929230755 - REA-Le 329126
C.S.: euro 20.511,20 i.v.
+39 0836 1946903
bionitlabs@pec.net
admin@bionitlabs.com
www.bionitlabs.com

Demo device request form

Shipping information

Client _____ VAT number _____

Billing Address _____ City _____ Postal code _____

Shipping Address (if it differs from Billing Address) _____ City _____ Postal code _____

Phone number _____ E-mail _____

From (date) _____ to (date) _____ Purchase Order ID _____ Notes _____

Reason for request:

- ☐ Trial with users (intended for a specific user to be carried out at the orthopedic workshop and/or at home, at the Client's discretion)
- ☐ Demo (device's demo activity carried out by the Client)

Adam's Hand side:
- ☐ Right
- ☐ Left
- ☐ Both (bilateral user)

Adam's Skin glove color*:
- ☐ White
- ☐ Black
- ☐ The first available

Adam's Hand size:
- ☐ Small size - 7-¼"
- ☐ Medium size - 7-¾"

Wrist Options:
- ☐ Quick disconnect wrist
- ☐ Short wrist

*It is not guaranteed that the chosen color of the glove will be supplied. Skin-colored gloves are not available for trials and demos.

Required accessories:
- ☐ Quick Disconnect Wrist lamination kit, size (45 mm or 50 mm): _____
- ☐ Short wrist lamination kit, size 45 mm: _____
- ☐ Wave Electrode Pack, notch (50 Hz or 60 Hz): _____, cable (30 or 60 cm): _____, n. _____
- ☐ ThunderCell Battery Pack, color** (white, black, beige): _____, cable (20 or 60 cm): _____
- ☐ Myo Unit, n. _____
- ☐ Demo Unit, n. _____

**It is not guaranteed that the battery of the chosen color will be supplied. The color of the receptacle will be the same as that of the battery.

Please Note: the availability of demo devices cannot be guaranteed at any time.

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For **more information** or if you **need assistance to carry out the demo activities or to set up the trials of our devices with users**, contact us:

- by e-mail: sales@bionitlabs.com
- by phone: +39 0836 1946903 or +39 347 938 1208.

Terms of service provision

To obtain a demo device, please complete this request form, after having read the conditions below, and send it to sales@bionitlabs.com.

BionIT Labs is committed to sending you the order confirmation and, upon acceptance, and to shipping the device by the requested start date. If this is not possible, we will contact you to arrange an alternative date.

The return date of the device is considered when the device is delivered to the BionIT Labs headquarters located in **Via Cracovia 1, Soleto (Le), 73010**.

Once the shipment is completed, you must send an e-mail to sales@bionitlabs.com indicating:

- day of shipment;
- shipment tracking number;
- carrier used.

If at the end of the trial the user intends to purchase the Adam's Hand, the demo device must be returned in any case and the order of the medical device for the user must be placed.

Until the return date of the device, the Client who requests the device is responsible for damage, repairs, theft or loss of the device and its accessories, as better specified in the Warranty Conditions attached.

Conditions of the demonstration test:

1. The shipping costs and the return of the goods by the date indicated below shall be charged to the Customer.
2. The trial period starts on _____ and ends on _____ when the devices are delivered to BionIT Labs. An extension of the period may be granted at the request of the customer.
3. The devices must be returned in excellent condition, accompanied by original documentation and accessories, and contained in the original packaging.
4. Any missing parts, damages and tampering with the goods and related charges shall be invoiced at the indicated cost. The price indicated herein shall only be payable in the event of failure to return the goods upon the deadline of the agreed trial period.

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SECTION BY BIONIT LABS - DO NOT FILL IN!

Form received and verified by: *(Surname, First name, Role)*	
Date received:	

Approved by: *(Surname, First name, Role)*	
Date:	

Estimate ID:	
Estimate date:	