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B·R·A·H·M·S KRYPTOR/KRYPTOR compact PLUS LIS connection (KIM) KIM License Number Request Form

Date:			
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Name of the requester:			
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Purchase order number:			
	KRYPTOR	<input type="checkbox"/>	KRYPTOR compact or compact PLUS <input type="checkbox"/>
KRYPTOR/KRYPTOR compact or compact PLUS serial number:			
if replacement serial number of the removed instrument			
Installation place (Name of laboratory/customer):			
Date of KIM installation scheduled:			
License number confirmation			
Date of confirmation:			
Corresponding license number:			