

Bundesinstitut für Risikobewertung  
Vergiftungs- und Produktdokumentation  
Postfach 12 69 42

D-10609 Berlin

Date

## Data for the company documentation in the poison information data bank

**1. Company name:**

**2. Postal address:** (Please submit address changes to the BfR)

Country

Post code

Town/city

Street, number

**3. Contact:**

Phone No.l

E-Mail

Fax No.

Homepage address

**4. For information in cases of poisoning during business hours, contact** (please state names, phone and fax numbers and email addresses):

1<sup>st</sup> Contact

2<sup>st</sup> Contact

3<sup>st</sup> Contact

**5. For information in cases of poisoning after business hours, contact** (please state names, phone and fax numbers and email addresses):

1<sup>st</sup> Contact

2<sup>st</sup> Contact

3<sup>st</sup> Contact