

**Australia Generic Drugs Market Assessment, By Application [Neurovascular, Cardiovascular, Dermatology, Oncology, Diabetology, Respiratory, Others], By Type [Biosimilar Generics, Small Molecule Generics], By Brand [Branded Generic, Pure Generic], By Route of Administration [Oral, Injectable, Topical, Others], By Distribution Channel [Hospital Pharmacy, Retail Pharmacy, Online Pharmacy], By State, Opportunities and Forecast, 2017-2031F**

Market Report | 2024-09-30 | 123 pages | Market Xcel - Markets and Data

To place an Order with Scotts International:

- ☐ - Print this form
- ☐ - Complete the relevant blank fields and sign
- ☐ - Send as a scanned email to support@scotts-international.com

**ORDER FORM:**

| Select license           | License                     | Price     |
|--------------------------|-----------------------------|-----------|
| <input type="checkbox"/> | Single User License         | \$3300.00 |
| <input type="checkbox"/> | Muti-User/Corporate Licence | \$4500.00 |
| <input type="checkbox"/> | Custom Research License     | \$7000.00 |
|                          |                             | VAT       |
|                          |                             | Total     |

\*Please circle the relevant license option. For any questions please contact support@scotts-international.com or 0048 603 394 346.

☐\*\* VAT will be added at 23% for Polish based companies, individuals and EU based companies who are unable to provide a valid EU Vat Numbers.

|             |                      |            |                      |
|-------------|----------------------|------------|----------------------|
| Email*      | <input type="text"/> | Phone*     | <input type="text"/> |
| First Name* | <input type="text"/> | Last Name* | <input type="text"/> |
| Job title*  | <input type="text"/> |            |                      |

**Scotts International. EU Vat number: PL 6772247784**

tel. 0048 603 394 346 e-mail: support@scotts-international.com

www.scotts-international.com

|               |                      |                               |   |
|---------------|----------------------|-------------------------------|---|
| Company Name* | <input type="text"/> | EU Vat / Tax ID / NIP number* | <input type="text"/>                    |
| Address*      | <input type="text"/> | City*                         | <input type="text"/>                    |
| Zip Code*     | <input type="text"/> | Country*                      | <input type="text"/>                    |
|               |                      | Date                          | <input type="text" value="2025-05-04"/> |
|               |                      | Signature                     | <input type="text"/>                    |