

**OraSure Technologies, Inc.**  
**International Distributor Profile**

**Company:** \_\_\_\_\_  
**Contact:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City/State/Zip:** \_\_\_\_\_  
**Country:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Website:** \_\_\_\_\_

**In which country or countries do you currently focus your sales efforts?**

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**What is the size of your company compared to other distributors in your area?** Small  Medium  Large

**Number of Employees:** Total: \_\_\_\_\_ Outside Sales: \_\_\_\_\_ Customer Service Reps: \_\_\_\_\_

**Approximate annual sales in U.S. dollars (check one):**

<\$500,000  \$500,000-\$1,000,000  \$1-\$5 Million  \$6-\$10 Million  \$11-\$25 Million  >\$25 Million

**What are your Company's Target Markets? (list from strongest (1) to weakest (5), use N if not involved):**

**Government** \_\_\_\_\_ **Laboratories** \_\_\_\_\_ **Clinics** \_\_\_\_\_ **Insurance** \_\_\_\_\_ **Hospitals** \_\_\_\_\_ **Other (specify)** \_\_\_\_\_

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**Please indicate the products you would like to distribute and your target markets:**

**PRODUCTS:** (please check)

**TARGET MARKETS:**

- |                       |                          |       |
|-----------------------|--------------------------|-------|
| 1. OraSure HIV        | <input type="checkbox"/> | _____ |
| 2. OraQuick HIV       | <input type="checkbox"/> | _____ |
| 3. Intercept DOA      | <input type="checkbox"/> | _____ |
| 4. Cotinine EIA       | <input type="checkbox"/> | _____ |
| 5. Other EIA's        | <input type="checkbox"/> | _____ |
| 6. QED (alcohol test) | <input type="checkbox"/> | _____ |
| 7. Histofreezer       | <input type="checkbox"/> | _____ |

**Do you currently sell any other diagnostic products?**  Yes  No

**If yes, which products?** \_\_\_\_\_

**If no, please specify reason:** \_\_\_\_\_

**What other medical products do you distribute?** \_\_\_\_\_

**Please list all products you distribute:** \_\_\_\_\_

**Which tradeshow/conventions do you attend each year?** \_\_\_\_\_

**Please provide us with two business references:**

**Business Reference 1**

**Company Name:** \_\_\_\_\_  
**Contact Name:** \_\_\_\_\_  
**Contact Phone:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

**Business Reference 2**

**Company Name:** \_\_\_\_\_  
**Contact Name:** \_\_\_\_\_  
**Contact Phone:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

**To support your Distributor Profile, please provide us with a general business/marketing plan. Please either complete the questions below or send us separately an outline of the following:**

**What are your perceived market opportunities for product (s) of interest?**

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**Estimation of the size of the target markets (units/sales).**

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**What is your perceived value proposition of the product (s) compared to what is currently available?**

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**Provide a summary of current competitive environment (i.e., who are the competitors, how are competitors positioned, pricing, estimation of unit sales of competitor products, etc.).**

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**Provide a brief description of how your company is positioned to market and sell the products (s) to the target markets.**

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**Overview of your regulatory and registration process, estimation of the time and cost for registration/evaluation.**

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**What is your sales forecast by quarter for years 1 through 3?**

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**Please fax to OraSure at 610-882-3572 or email to: [leadmanagement@orasure.com](mailto:leadmanagement@orasure.com)**