



Terms of Service Agreement

Client Print Name: _____

ACCURACY OF INFORMATION AND AUTHORIZED REPRESENTATIVES

By signing below, I, "Client", confirm that my provided client information is accurate to the best of my knowledge and acknowledge that authorized representatives will be granted permission to submit samples and engage in communications about samples on my behalf. I understand that samples will only be accepted by an authorized representative and results will only be delivered to or discussed with an authorized representative and associated regulatory body. I understand that it is my responsibility to contact the lab and update my client file when necessary. I understand that I am responsible for all actions and communications initiated by any authorized representatives. I acknowledge that any batch samples or materials submitted to the Laboratory become property of the Laboratory and may not be relinquished back to the provider unless otherwise arranged in writing.

LIMITATION OF CONFIDENTIALITY

While the Laboratory strives to maintain client confidentiality according to our Privacy Policy, POL.100.010, there may be occasions when client confidentiality must be waived as required by state rules or regulations. By signing below, I recognize that my right to confidentiality may be waived if an associated legal or regulatory body requests my client or testing information from the Laboratory in the course of a legal investigation or audit of laboratory activities. I understand that my test results for regulatory compliance will be communicated with any associated regulatory bodies as necessary. Client information and records are maintained for a minimum of five (5) years.

LIMITATION OF LIABILITY

By signing below I understand that the Laboratory provides services with no warranty, expressed or implied. Liability of the Laboratory to the Client is limited to the negotiated costs of services. The Laboratory is not liable for any exemplary, punitive, indirect, incidental, special, or consequential damages arising from or associated with services provided by the Laboratory to the Client. The Laboratory shall be exempt from all liability associated with any consequences resulting from the interpretation of test results. I understand that the Laboratory cannot provide any guarantee concerning turnaround time of results or time of completion of requested services. The Laboratory shall be exempt from all liability associated with the timing of delivery of test results or other services.

USE OF THIRD PARTY SERVICES

By signing below, I recognize that the laboratory may utilize third party services to conduct business, store client information, or communicate test results including systems like order management systems, customer relationship management systems (CRM), or laboratory information management systems (LIMS). By signing below I agree to participate in any such systems as necessary to conduct business with the laboratory. I agree to allow the transmission of my client and sample data through such third party services as the laboratory deems necessary for the conduction of typical laboratory business in accordance with the laboratory's confidentiality policies and procedures.

ACKNOWLEDGEMENT AND AUTHORIZATION OF SUBCONTRACTING OF SERVICES

By signing below, I acknowledge that this laboratory may at any time subcontract services to other service providers as necessary to complete requested work. If requested services are for regulatory compliance, subcontracting shall always occur between laboratories accredited to the appropriate scope of testing to complete the work requested, as required.

By signing below I authorize the laboratory to utilize contracting relationships to satisfy any requested analytical or consultation work in accordance with all applicable rules or regulations.

AUTHORIZATION TO PERFORM WORK

By signing below, I authorize the Laboratory to perform all requested work utilizing the most appropriate methods as deemed necessary by the Laboratory unless otherwise negotiated and documented in writing.

By signing, I attest that I have read and understand all of the information provided.

Client Signature: _____

Date: _____



Client Information Form

CLIENT/COMPANY INFORMATION

First Name:		Last Name:			
Organization Name:					
Street:		City:		State:	ZIP:
Phone:		Email:		Website:	
Registration ID:		Exp Date:			

PRIMARY CONTACT(S)

Name	Phone	Email	Notes

INVOICING CONTACT (if different)

Name	Phone	Email	Notes

AUTHORIZED REPRESENTATIVE(S)

Authorized representatives are allowed to submit samples and/or receive detailed information about an order or sample on behalf of the primary contact(s). Authorized representatives cannot access or edit primary contact information.

Name	Phone	Email	Notes

LAB USE ONLY

- Client ID on file
 Client Account Created in CC/LIMS

Notes: