

**Laboratory Testing Services**  
Customer Agreement



**Complete and Fax to: 805.426.8115**

Date:	____	Customer E-mail:	____
Customer Name:	____	Number of Vets:	____
Bill To Address:	____	Ship To Address:	____
City/State/Zip:	____	City/State/Zip:	____
Contact/Title:	____	Contact/Title:	____
Phone:	____	Phone:	____
Fax:	____	Fax:	____

**Terms & Conditions:**

1. Customer listed above ("Customer") desires to purchase laboratory testing services from Veterinary Diagnostics Institute ("VDxI"), and VDxI agrees to provide Customer the laboratory testing services at the price listed in the Price Schedule herein.
2. All specimen shipments will be handled by the courier designated by VDxI, using the VDxI shipping account. VDxI will pay for shipping the specimen(s) to our laboratory.
3. All testing will be billed at the time of service, to the Customer's Visa, Mastercard, Discover or American Express card on file with VDxI.
4. VDxI will provide the Customer with results by fax upon completion of testing at the VDxI reference lab. Original test results also will be mailed to Customer.
5. Customer agrees to fully utilize all procedures outlined in the "Specimen Collection, Storage and Shipping Procedures" (Item# 10G-2006-1).
6. Customer acknowledges that the Test is not in itself a definitive diagnostic test and the results, as with other individual assay results, should be viewed in conjunction with other diagnostic information. **IN NO EVENT WILL VDxI BE LIABLE TO CUSTOMER OR ANY THIRD PARTY FOR ANY CLAIM, WHETHER BASED ON CONTRACT, TORT, STRICT LIABILITY, PROFESSIONAL LIABILITY, CONTRIBUTION OR OTHERWISE, ALLEGING LOSS, DAMAGE OR INJURY OF ANY KIND, WHETHER PHYSICAL, PECUNIARY, DIRECT OR INDIRECT, THAT ARISES FROM THE CUSTOMER'S PURCHASE, USE OR RELIANCE UPON THIS TEST.**

**Price Schedule:**

VDxI-pCNP™: for Infection	<b>\$65.00</b>	VDxI-TK™: for cancer	<b>\$79.00</b>		
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**Payment Information:**

Credit Card Type:	____	Cardholder's Name:	____
Credit Card Number:	____	Billing Address:	____
Expiration Date:	____	City / State / Zip code	____
Card Verification Code:	____		

Cardholder acknowledges receipt of services, with each specimen submitted to VDxI for testing in the amount determined by the number of samples for which results are reported and agrees to perform the obligations set forth in the cardholder's agreement with the issuer.  
**Agreement not valid unless accepted in writing by an authorized representative of VDxI**

<b>Customer</b>		<b>Veterinary Diagnostics Institute (VDxI)</b>	
Authorized Signature	_____	Authorized Signature	_____
Name (print):	_____	Name (print):	_____
Title:	_____	Title:	_____
Date:	_____	Date:	_____

**Veterinary Diagnostics Institute**  
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