



# COBALT

## LAB SOLUTIONS

### Split Sample Registration Form

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Owner Name(s): \_\_\_\_\_

Type of Laboratory (reference lab, hospital, or POL): \_\_\_\_\_

CLIA ID# \_\_\_\_\_

COLA or CAP ID# \_\_\_\_\_

### **Laboratory Contact**

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

e-mail address: \_\_\_\_\_

Title: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

\_\_\_\_\_

Test Menu: please e-mail an Excel spreadsheet including upper and lower limits of quantitation for each analyte.



# COBALT

## LAB SOLUTIONS

### Split Sample Registration Form

#### **Billing Information**

Responsible Person: \_\_\_\_\_

Billing address  
(if different from above): \_\_\_\_\_

Billing Phone Number: \_\_\_\_\_

e-mail address: \_\_\_\_\_

Check one:

- One study only - \$1100.00 per instrument
  - Spring 2022
  - Fall 2022
- Both 2022 studies - \$1900.00 per instrument

Fee must be paid up-front. Payment can be made by check or credit card. Please mail checks to the address below or complete the credit card authorization form.

Cobalt Lab Solutions, LLC  
Accounts Receivable  
490 Wildwood North Cir  
Suite 110  
Birmingham, AL 35209



# COBALT

## LAB SOLUTIONS

### Split Sample Registration Form

#### Credit Card Authorization Form

Sign and complete this form to authorize Cobalt Lab Solutions, LLC to make the charges to your credit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

---

#### Please complete the information below:

I \_\_\_\_\_ authorize Cobalt Lab Solutions, LLC to charge my credit card  
(full name)  
account indicated below for \_\_\_\_\_ on or after \_\_\_\_\_. This payment is for  
(amount) (date)

2022 Split Sample Study(ies).  
(Description of goods/services)

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
Cardholder Name _____
Account Number _____
Expiration Date _____
CVV _____

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I authorize Cobalt Lab Solutions, LLC business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.