

CRITERION

LAB CONSULTING

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.

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Billing Information

Responsible Person: _____

Billing address
(if different from above): _____

Billing Phone Number: _____

e-mail address: _____

Check one:

- One study only - \$1300.00 per instrument
 - Spring 2024
 - Fall 2024
- Both 2024 studies - \$2100.00 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.

Criterion Lab Consulting, LLC
Accounts Receivable
490 Wildwood North Cir
Suite 110
Birmingham, AL 35209

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Credit Card Authorization Form

Sign and complete this form to authorize Criterion Lab Consulting, 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 Criterion Lab Consulting, LLC to charge my credit card
(full name)
account indicated below for _____ on or after _____. This payment is for
(amount) (date)

2024 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 Criterion Lab Consulting, 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.