



Verification Isolate Request Form and Material Transfer Agreement

If you would like to obtain these isolates for the purposes of MIC or disk verification, please complete both pages, sign and return by fax:1-440-835-5786 or email:info@labspec.org

Requesting Laboratory (RECIPIENT); TO BE COMPLETED BY RECIPIENT:

Contact and Shipping Information

Contact Name:	
Institution:	
Shipping Address 1:	
Shipping Address 2:	
City, State:	
Zip Code:	
Phone:	
Fax:	
Email:	
FedEx or UPS:	
Shipping Account #:	

Billing Information

Contact Name:	
Institution:	
Shipping Address 1:	
Shipping Address 2:	
City, State:	
Zip Code:	
Phone:	
Fax:	
Email:	
PO Number*:	

***A purchase order number must be provided for billing purposes**

Antimicrobial Agents	# of Isolates in set	Price per set	Check to request set	Check to request reading guides*		
				BMD	DISK	MTS
Ceftazidime/Avibactam (AVYCAZ™)	30	\$300		N/A	N/A	N/A
Dalbavancin (DALVANCE™)	30	\$300		N/A	N/A	N/A
Delafloxacin (BAXDELA™) – Gram negative	30	\$300		N/A	N/A	N/A
Delafloxacin (BAXDELA™) – Gram positive	30	\$300		N/A	N/A	N/A
Ceftolozane/Tazobactam (ZERBAXA™)	30	\$300		N/A	N/A	N/A
Meropenem/Vaborbactam (VABOMERE™)	30	\$300		N/A		
Omadacycline (NUZYRA™) – Gram negative	30	\$300				
Omadacycline (NUZYRA™) – Gram positive	30	\$300				
Omadacycline (NUZYRA™) – Fastidious	30	\$300			N/A	
Plazomicin (ZEMDRI™)	30	\$300		N/A	N/A	N/A
Cefiderocol (FETROJA™) – Gram negative	30	\$300		N/A		N/A
Cefiderocol (FETROJA™) – <i>A. baumannii</i> & <i>S. maltophilia</i>	10	\$100		N/A		N/A

*Requested reading guides are available at no additional cost

By requesting the ISOLATES and signing this form, the RECIPIENT acknowledges and agrees to the following terms and conditions:

1. The RECIPIENT is qualified to receive and properly handle the ISOLATES and agrees to follow all relevant safety and government regulations is the use of the isolates.
2. The RECIPIENT agrees that the ISOLATES will be used exclusively for verification of MIC and/or disk testing methods.
3. The RECIPIENT agrees that the ISOLATES will not be transferred to anyone else outside the RECIPIENT organization.
4. The provision of the ISOLATES is not contingent upon, nor intended to serve as an inducement or reward for, any past or future purchases of any product or service.
5. The ISOLATES delivered pursuant to this AGREEMENT are understood to be experimental in nature and may have hazardous properties. LSI MAKES NO REPRESENTATIONS AND EXTENDS NO WARRANTIES OF ANY KIND, EITHER EXPRESSED OR IMPLIED. THERE ARE NO EXPRESS OR IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, OR THAT THE USE OF THE MATERIAL WILL NOT INFRINGE ANY PATENT, COPYRIGHT, TRADEMARK, OR OTHER PROPRIETARY RIGHTS.
6. To the extent permitted by law, RECIPIENT shall indemnify and to hold LSI harmless from all claims, judgments, liabilities arising out of the RECIPIENT's use for any purpose of the MATERIAL
7. RECIPIENT shall comply with all applicable laws and regulations.
8. RECIPIENT shall not charge or bill any patient or payer (including, but not limited to, Medicare, Medicaid, and commercial insurers) any amount associated with the ISOLATES.

This AGREEMENT is effective upon signature of the authorized official:

SUBMITTING LABORATORY

Signature (sign above)

Name: _____ Title: _____

Date: _____