

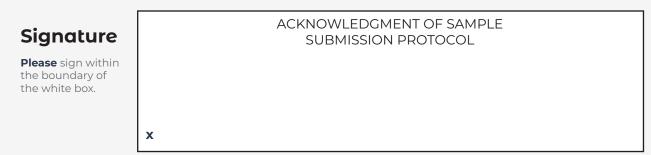
Practice Information PLEASE PRINT

Practice Name	Phone	Fax	
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Address			
]		
Primary Contact(s)	CITY	STATE	ZIP CODE

Thank you for choosing CarePoint Lab, LLC as your laboratory sample testing

services provider. We understand that the Practice has in place certain protocols for the ordering and submission of samples for laboratory testing. You understand and acknowledge that CarePoint Lab, LLC relies upon the Practice's compliance with its protocols for ordering and submission of samples for laboratory testing. You understand and acknowledge that, by submitting any order or sample for testing to CarePoint Lab, LLC, the Practice represents to CarePoint Lab, LLC that the Practice has followed all necessary protocols and that such order or sample is authorized by all necessary

Practice medical personnel, and that CarePoint Lab, LLC is entitled to rely on such representation.



ACKNOWLEDGED & AGREED

Printed Name of Authorized Provider

Date