



**Complete and Fax to: 805.426.8115**

**I. Customer Information**

Date: \_\_\_\_\_  
Facility Name: \_\_\_\_\_  
Contact /Title: \_\_\_\_\_  
Ship To Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

**II. How Did You Hear About VDI?**

Colleague       Trade Show  
 Internet       Association Meeting  
 Pet Owner       Other \_\_\_\_\_

**III. VDI Portal**

All patient reports are made available online using the VDI Portal. To set up your portal account, please fill in the information below. You will receive login credentials via email. Portal account may be set up after submitting your first sample.

Portal Contact: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Terms & Conditions:**

1. Customer listed above ("Customer") desires to purchase laboratory testing services from VDI Laboratory, LLC ("VDI"), and VDI agrees to provide Customer the laboratory testing services at the then current price for such testing services (see schedule of services and pricing).
2. All testing charges will be billed at the time of service, to the Customer's credit card on file with VDI.
3. VDI will provide the Customer with results through the VDI Portal, or by fax, upon completion of testing.
4. Customer agrees to fully utilize all procedures outlined in the "Specimen Collection, Storage and Shipping Procedures."
5. 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 VDI 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.**

**IV. Sample Submission Kits**

VDI provides the Customer with a Sample Submission Kit at an initial cost of \$5.00 per kit, minimum initial order of two (2). Upon completion of testing, a \$5.00 credit for each kit sent in will be automatically applied to the final invoice.

I agree to a \$10.00 initial charge to the card below, or to receive an invoice for the initial shipment of Sample Submission Kits at the billing address listed below.

**V. Payment Information**

Check this box to be contacted by phone for payment information. Otherwise fill out the information below.

**Email Address**

All VDI invoices are sent electronically via email. Please provide an email address in order to receive invoices.

Cardholder's Name: \_\_\_\_\_ Billing Address \_\_\_\_\_  Same As Shipping Address  
Credit Card Type: \_\_\_\_\_ Contact: \_\_\_\_\_  
Credit Card Number: \_\_\_\_\_ Street: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ City / State / Zip code: \_\_\_\_\_  
Card Verification Code: \_\_\_\_\_

Cardholder acknowledges receipt of services, with each specimen submitted to VDI 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.

Signature: \_\_\_\_\_ Name (print): \_\_\_\_\_ Date: \_\_\_\_\_