

New Customer Setup
 Clinical Laboratory Qualification
DIRECT CUSTOMERS



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NEW DIRECT CUSTOMER

Account/Customer Name: _____

Facility Legal Name (if different): _____

Facility Official State of Registration: _____

Bill to Address:

Ship to Address:

DIVISION: (select one)

- | | | |
|---|---|--|
| <input type="checkbox"/> 01 Hospital Lab (<400 beds) | <input type="checkbox"/> 08 Government | <input type="checkbox"/> 13 Lease Companies |
| <input type="checkbox"/> 02 Hospital Lab (>400 beds) | <input type="checkbox"/> 09 International Distributor | <input type="checkbox"/> 14 Research/Development/Manufacturers |
| <input type="checkbox"/> 03 Dr. Office/Clinic/Medical Group Lab | <input type="checkbox"/> 10 Veterinary Lab | <input type="checkbox"/> 15 Pharmacy |
| <input type="checkbox"/> 04 Private Lab | <input type="checkbox"/> 11 Lab Chain/Reference Lab | <input type="checkbox"/> 17 Service Organization |
| <input type="checkbox"/> 06 Domestic Distributor | <input type="checkbox"/> 11 Lab Chain/Reference Lab | <input type="checkbox"/> 18 Consultant |
| <input type="checkbox"/> 07 International Lab | <input type="checkbox"/> 12 Teaching Establishment Laboratories | |

CONTACTS	ACCOUNTS PAYABLE	PURCHASING	LAB MANAGER	LAB DIRECTOR
Name				
Phone Number				
Fax Number				
Email Address				

CONTACT FOR:	NAME	TITLE	EMAIL
recalls, withdrawals, or product notifications			
training, installation, and validation			
validation order payment			

Status of CLIA License:

Completed: CLIA #: _____ In Progress Not Filed: (Explain) _____

Laboratory has qualified personnel that meets the CLIA requirements for the complexity of testing performed? YES NO

Does your laboratory license or does the laboratory have credentials to perform high complexity tests? YES NO

If not, please confirm products purchased are appropriate for the CLIA authorization given to your facility.

How did you first learn about Carolina Liquid Chemistries?

Referral (specify): _____ Google Eblast Social Media (specify): _____

Salesperson (specify): _____ Other: _____

Customer acknowledges CLC marketed chemistry analyzers are not CLIA Waived (POC) products and are intended for use in a clinical laboratory.

Customer signature below acknowledges that the information contained above is true and accurate.

Customer Signature: _____ Title: _____ Date: _____

For Internal Use Only			
SOS Check Performed:	<input type="checkbox"/>	Ship to Check Performed:	<input type="checkbox"/>
Signature:		Date:	