

New Customer Setup  
 Clinical Laboratory Qualification  
**DIRECT CUSTOMERS**



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 www.carolinachemistries.com

**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"/> 07 International Lab         | <input type="checkbox"/> 12 Teaching Establishment             |
| <input type="checkbox"/> 02 Hospital Lab (>400 beds)            | <input type="checkbox"/> 08 Government                | <input type="checkbox"/> 13 Lease Companies                    |
| <input type="checkbox"/> 03 Dr. Office/Clinic/Medical Group Lab | <input type="checkbox"/> 09 International Distributor | <input type="checkbox"/> 14 Research/Development/Manufacturers |
| <input type="checkbox"/> 04 Private Lab                         | <input type="checkbox"/> 10 Veterinary 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                         |

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 the credentials to perform high complexity test?  YES  NO

If not, please confirm all products purchased are moderate complexity.

**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:	