



Centrifuge Evaluation Agreement

_____ agrees to receive from Drucker Diagnostics a centrifuge evaluation unit for a full 30-day evaluation period, for the purpose of evaluating the unit for purchase, pursuant to the following terms and conditions:

Evaluation Period

The 30-day evaluation period begins on the date of delivery of the evaluation unit. Under certain circumstances, Drucker Diagnostics may offer an extension to this period. Requests for extension must be submitted before the expiration of the evaluation period in writing (including email) and approved by Drucker Diagnostics to be considered valid..

Purchasing

At the end of the 30-day evaluation or at any time during the evaluation period, a new centrifuge may be purchased from an authorized Drucker Diagnostics distributor. If a new centrifuge will be purchased, the evaluation centrifuge must be returned to Drucker Diagnostics under the terms described in "Return of Evaluation centrifuge". The evaluation unit may also be purchased directly from Drucker Diagnostics for the retail value of the evaluation unit.

Return of Evaluation Centrifuge

As an alternative to purchasing the evaluation centrifuge, the centrifuge may be returned to Drucker Diagnostics at (or before) the end of the evaluation period without cost or obligation. To return the evaluation centrifuge, please call 814-692-7661 prior to the end of the evaluation period to receive a Return Goods Authorization (RGA) number and Call Tag for shipment by the preferred carrier of Drucker Diagnostics. The RGA number must be displayed on the outside of the return box. Please allow 1-3 business days for pick-up of the system. Additionally, please attach the Certificate of Decontamination before returning the unit to Drucker Diagnostics. Allow 1-3 business days for pick-up of the evaluation unit at your site.

Shipping Costs

Drucker Diagnostics agrees to pay all costs associated with shipping the evaluation centrifuge to and from the evaluation site providing that all requirements of this agreement have been followed. If the requirements of this agreement have not been followed, Drucker Diagnostics relinquishes their responsibility for payment of shipping costs and shipping costs will become the responsibility of the customer.

Failure to Return Unit

If the evaluation centrifuge is not returned to Drucker Diagnostics within two weeks of the end of the evaluation period, Drucker Diagnostics reserves the right to automatically convert this agreement into a binding purchase order. Drucker Diagnostics will invoice the company named below for the full retail value of the evaluation centrifuge.

Damage to Unit

The customer assumes responsibility for any damage caused to the evaluation unit when used in any capacity other than normal use. This may include, but is not limited to: dropping the unit, water damage, operating the unit in a manner not specified by the operator's manual, or attempted repair not authorized by Drucker Diagnostics.

Limitation of Liability

Drucker Diagnostics disavows all liability for any incidental, direct, indirect, punitive, actual, consequential, special, exemplary, or other damages, including loss of revenue or income, pain and suffering, emotional distress, or similar damages arising out of any malfunction of the evaluation unit during the evaluation period.

Geographic Limitation

This offer is valid only in the continental United States.

Please fill out this portion for prompt shipment of evaluation unit, and fax to 814-692-7662 or email to sales@druckerdiagnostics.com

Company: _____ Position: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Telephone: _____ Email: _____

Distributor (if known): _____ None:

Sales Representative (if known): _____ Phone No. _____

Clinical Application for Evaluation: Model Number: _____

Barricor ___ Whole Blood/Plasma ___ Serum ___ Plasma ___ Coag ___ EDTA ___ PRP ___ Glucose ___ Urine ___

Tube Size:

13 X 75mm 13 X 100mm 16 X 100mm Other _____

I understand the terms of this agreement, and agree to abide by them.

Print Name: _____ Signature: _____ Date: _____