***Instructions:*** *Copy the provided text below onto your institution’s letterhead, complete the fields noted in capital letters, obtain the appropriate signature and email to* [*NLSUSupport@thermofisher.com*](mailto:NLSUSupport@thermofisher.com) *citing your intuition’s name and Fisher Scientific business account number in the subject line.*

I, [INSERT YOUR NAME AND TITLE], on behalf of [INSERT YOUR INSTITUTION NAME] (the “Institution”) with Fisher Scientific Company L.L.C. (“Fisher Scientific”) business account number [INSERT BUSINESS ACCOUNT NUMBER] acknowledge that access to the Fisher Scientific New Lab Start-Up Program, including the product promotions offered, is being provided to the Institution based on the representations and certifications provided in this letter.  By signing this letter, the Institution certifies and agrees it will not seek reimbursement for product purchases made through this program from any government funded healthcare program. This letter serves as confirmation that this laboratory and its personnel are focused on [INSERT DESCRIPTION OF RESEARCH], and are removed from the provisions of health care services to patients which include but are not limited to clinical trials, patient care, patient treatment, and patient diagnosis and do not purchase, lease, recommend, use, arrange for purchase or lease thereof, or prescribe medical products. Furthermore, this letter serves to confirm that lab personnel are not practicing healthcare professionals such as but not limited to physicians and that lab personnel will not share or recommend product purchased through this program with healthcare professionals. Additionally, purchasing support for this laboratory and its research are entirely separate from any purchasing conducted for clinical or patient care purposes.

I, the undersign, represent and warrant to Fisher Scientific following due inquiry, at the time of signing this letter, the information set forth is complete and accurate, and  I am duly authorized to execute this letter and have the authority to legally bind the Institution regarding the subject matter herein.

SIGNATURE

PRINTED NAME

TITLE

DATE

PHONE NUMBER

EMAIL ADDRESS

MAILING ADDRESS