***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 the applicant’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”)  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 the entire institution and its personnel 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 the institution’s personnel are not practicing healthcare professionals such as but not limited to physicians and that institution personnel will not share or recommend product purchased through this program with healthcare professionals.

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. I understand that the scope of this letter covers the entire institution and can therefore serve as validation for any new lab within the institution when applying to the New Lab Start-Up program.

SIGNATURE

PRINTED NAME

TITLE

DATE

PHONE NUMBER

EMAIL ADDRESS

MAILING ADDRESS