

NOVA-ONE[®]

DIAGNOSTICS

ORDER FORM

It's easy to order from NOVA-ONE[®] by email or fax. If you do not have a PO system for the office, simply fax us a copy of your office letterhead stationary (so we have a legible address), stating which product you want to order and that you understand the price will include prepaid FedEx shipping costs.

NOVA-ONE DIAGNOSTICS, 22287 Mulholland Hwy., Calabasas, CA 91302
Tel [818] 348-1543 • Fax [818] 348- 9696 • Email nova-one@nova-one.com

PRODUCTS

_____ Liquid Chemistry Control 12 Vial NOD P/N ALPC-G14026-100 Abaxis P/N 100-9010 Abbott P/N 07P0401 6 x L1 + 6 x L2 x 1ml
_____ Liquid Chemistry Control + CRP 12 Vial NOD P/N ALPC-G14126-100 Abaxis P/N 100-9020 Abbott P/N 07P0402 6 x L1 + 6 x L2 x 1ml
_____ Liquid Chemistry Control 6 Vial NOD P/N ALPC-G14023-100 L2 x 3 Vials x 1ml
_____ Liquid Chemistry Control + CRP 6 Vial NOD P/N ALPC-G14123-100 L2 x 3 Vials x 1ml
_____ Verification Sample Kit NOD P/N ALCV-G14033-050 Abbott P/N 07P0403 3 x S1 + 3 x S2 + 3 x S3 x 0.5ml
_____ Verification Sample Kit + CRP Kit NOD P/N ALPC-G14133-050 Abbott P/N 07P0401 3 x S1 + 3 x S2 + 3 x S3 x 0.5ml

CONTACT INFORMATION

Company Name _____ Company Phone Number* _____

Contact Name* _____ Contact Phone Number* _____

Ship to Address* _____
(we will ship and bill you)

Bill to Address _____
(if the same as shipping address, type in "same as shipping address")

Special Shipping Instructions _____
(i.e., leave with Receptionist)

Special Requirements _____
(i.e. is your office closed at various times during the week such that FedEx may not be able to deliver during a particular time?)

Email Address* [NOD[®] does not share any customer information so your e-mail address is safe with us] _____

Internal Purchase Order or Reference Number (if available) _____
If you do not have a PO system for the office, fax us a copy of your office letterhead stationery (so we have a legible address), stating which product you want to order and that you understand the price will include prepaid FedEx shipping costs.

Do you Want Us to ☐ Bill (Invoice) You or Do You Want to ☐ Pay With a Credit Card?
Invoice would be sent after shipment, or if paying by credit card, please fill out the information below.

Credit Card Type _____ Cardholder Name _____

Credit Card Number _____ Expiration Date (month/year) _____

IMPORTANT:

Customers are responsible for notifying NOD of any order requirements differing from those expressed and are encouraged to review current product claims and specifications prior to ordering. NOD does not perform a formal review of all orders and instead continually reviews relevant product information online or in advertising materials to confirm the most current information is available to our customers.

For international customers, our products may be purchased directly from NOVA-ONE DIAGNOSTICS[®] LLC

Please include the following information with all orders:

- Name, telephone number, FAX number, shipping address, and billing address
- Quantity, product name, and catalog number
- Purchase order number
- If paying by VISA/MasterCard: account number, expiration date, cardholder name, and cardholder billing address
- If purchasing Clinical Diagnostics: instrument that will be used.
- Acknowledgement of our CONDITIONS OF SALE described below.

TERMS:

U.S. and Canada: Overdue amounts subject to a 1.5% late fee. **International Orders:** Prepayment in full.

CONDITIONS OF SALE:

All products labeled "For Research Use" must be used for research use only in the U.S. and not for in vitro or diagnostic or clinical use. All products should be used in accordance with their labeled intended use.

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