

Company Name: _____

Address: _____

Ship to Address: _____

Check box if address is the same

Dear Hardy Diagnostics:

This letter is to authorize Hardy Diagnostics to sell regulated iodine-containing products to our company. We intend to use these products in the following way:

- For use with tetrathionate broth for the detection of *Salmonella* in food
- For Gram staining in laboratory procedures
- For the selective enrichment of *Salmonella spp.* in clinical and non-clinical specimens.
- For removal of the mercury deposits in Schaudinn or PVA fixed fecal smears. It prevents mercury-caused artifacts on slides in the Wheatley Trichrome staining procedure.
- For preparation of stained fecal smears
- Trichrome or other staining for parasitology
- Starch hydrolysis reagent
- Other _____

To increase the efficiency of your order, please provide a copy of your current Federal Drug Enforcement Administration registration number. If exempt provide an alternate form of identification.

In addition, please list all authorized purchasing agent(s): Do not leave blank.

Our company will notify Hardy Diagnostics if the intended use for the iodine-containing product changes or if there is a change in the status of my documents provided for identification.

Authorized signature: _____ Date: _____

Print Name: _____ Title: _____

Complete one form for each address and ensure each field is completed.
Please Fax to Hardy Diagnostics: (805) 346-2760 attention to Iodine CSR Administrator, or email to iodine@hardydiagnostics.com.