

NEW CUSTOMER REGISTRATION Institutional and Professional Accounts

Please take a few minutes to answer this form. Information will never be disclosed to any third party without your approval. If you need any assistance to fill this out, we will be glad to help you.

For MetaMetrics Use Only:

Account Code: _____

CDS: _____

Class: _____

ACCOUNT TYPE (check one)

Doctor/HCP Hospital Clinic Laboratory Others _____

CUSTOMER INFORMATION

Clinic or Company Name _____ Address _____

Name of Doctor/HCP _____ Specialization _____

Telephone No. _____ Mobile _____ Email _____

OFFICE CONTACT PERSON

Name of Office Contact _____ Position/Job Title _____

Telephone No. _____ Mobile _____ Email _____

BILLING PREFERENCE (check one)

- Bill to patient directly
 Send bill to my clinic/hospital/office

RESULTS RELEASING (check one)

- E-mail test results
 Printed copy will be picked up

General Conditions:

1. Billing price is based on the latest and official institutional price, inclusive of all taxes and other fees. Price may change without prior notice.
2. Payment for the test should be settled directly on or before the day of the specimen collection unless a credit term has been approved in writing.
3. The following are accepted as form of payment: cash, credit/debit card, and company check. Checks should be made payable to MetaDiagnostics, Inc.
4. All test request should be supported by prescription from a licensed health care practitioner, preferably using official MetaMetrics Test Order Form. Make sure to provide complete information which includes name of patient, gender, specific lab test ordered and date of collection.
5. Specimen should be sent directly to MetaMetrics following the required packing instruction and storage condition. Pick-up of specimen can be arrange with advance notice to the laboratory.
6. In compliance with the Data Privacy Act of 2012, results will be released only to the referring practitioner and patient.
7. Referring account holds MetaMetrics free and harmless from any and all losses, liabilities and damages arising from or in connection with any suit, civil, criminal or administrative, which a patient or third party may file in connection with the medical management that the practitioner will provide as a result of the test.
8. Supporting government documents (BIR, SEC and Business Permit) may be required to complete registration of new account.

MetaMetrics Obligations:

1. MetaMetrics shall, at all times, endeavor and exert its best efforts to transport, process and analyze the collected specimen in accordance with the guidelines and protocol established by the laboratory. If for any reason, the specimen was rejected or rendered unacceptable for testing, the referring account shall be notified and requested to collect and submit another set of specimen at no additional cost.
2. MetaMetrics shall provide the test results within set turn-around time. Day 1 shall begin from date of acceptance of the samples. MetaMetrics shall not be responsible for any delays caused by retesting of samples as a result of failing to meet laboratory criteria, shipment delays, government orders, natural calamities or any other cause beyond reasonable control.
3. MetaMetrics shall keep confidential all data provided by the institutional partner related to patient information and condition.

Referring Account Obligations:

1. Referring account is responsible for explaining the required test preparation to the patient.
2. Referring account shall ensure that collection, processing and shipment of samples follow the prescribed guidelines and procedure set by MetaMetrics.
3. Referring account shall be responsible for test interpretation to patients. MetaMetrics shall not in anyway, interpret or provide recommendation directly to the patient.

Conforme:
Authorized Signatory

Print Name and Signature

Date