



Welcome to Special Pathogens Laboratory, The Legionella Experts!

In this packet you'll find everything you need to start testing for *Legionella* and other waterborne pathogens.

- **Account Application**

The first step is to fax your completed account application to 412-281-7445.

- **Testing Services**

Provides a list of our testing service, test codes, methods, and results schedule.

- **Chain of Custody**

This form serves as your request for services. Please return with your shipment of samples.

For questions regarding pricing, laboratory services, methods or our complete Total Legionella Control program, including consulting and education and ZEROOutbreak™ Protection Program (compliance with ASHRAE 188), please contact Jackie Lesjak, chief operating officer, at 877-775-7284.

Thank you for choosing Special Pathogens Laboratory. More than a lab, we look forward to meeting all of your water safety needs.

Sincerely,

Janet E. Stout, PhD
President and Director



ACCOUNT APPLICATION

Please complete and fax to 412-281-7445. For assistance, please call 412-281-5335 or 877-775-7284.

Contact Information

Company Name:	
Report Contact:	Email:
Department:	Phone:
Address 1:	Fax:
Address 2:	
City, State, Zip:	
Type of Organization: <input type="checkbox"/> Hospital <input type="checkbox"/> Water Treatment <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other	

Billing Information

Company Name:	
Billing Contact:	Phone:
Address 1:	Email:
Address 2:	Fax:

Account Selection

Account Options:	<input type="checkbox"/> Account	(Net 30, 3 References required.)
	<input type="checkbox"/> Credit Card	(Credit card charged upon receipt of samples.)
Federal Tax ID#:		
Invoice/Sales Receipt Preference (circle one):	<input type="checkbox"/> Mail	<input type="checkbox"/> Email

Credit Card Information

Name on Card:			
Type of Card:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX	Exp Date:	CW2 Code:
Credit Card #:			



ACCOUNT APPLICATION

How did you hear about SPL?

<input type="checkbox"/> Web search	<input type="checkbox"/> Web Ad	<input type="checkbox"/> Print ad	<input type="checkbox"/> Trade show	<input type="checkbox"/> Presentation
Referred by Name / Organization:				
Other:				

Type of Credit Agreement: Net 30 days – payment due 30 days from date of invoice. Any balance over the 30 days will be subject to a late fee charge of 1% per month.

Credit cards will be charged the full amount owed upon delivery of results.

Special Pathogens Laboratory’s maximum liability relating to services rendered under this Service Agreement, regardless of the form of action, shall be limited to charges paid to Special Pathogens Laboratory for the services giving rise to liability.

I (We) assume responsibility for and guarantee payment to Seller of all sums due and payable by the party listed on this application, including interest and late charges assessed, collection costs incurred to collect balance and all reasonable attorney’s fees.

I (We) have reviewed the Special Pathogens Laboratory agreement letter and accept the services and pricing as described.

Signature: _____

Date: _____

SPL USE ONLY		
Set up by:	Date	Acct #: