TERMS OF USE FOR LAB ACCESS PORTAL

#13, 5th Avenue, Belleville, St. Michael, Barbados | Tel: **228-9908** • Fax: **436-8127** • Email: **info@chemscreenlab.com**

ChemScreen Laboratory Services Inc. (referred to as “we” and “us”, where applicable) has been granted a licence by Schuyler House for use of an electronic portal (the “Portal”) which will allow our valued clients to access certain patient results. This is a service which we believe will prove valuable to you by allowing easy accessibility to your patient results. We are committed to continuous improvement in all areas of our service.

The Portal is a private network operated by Schuyler House. The Schuyler House Privacy Policy (which may be accessed on the Portal) applies to information collected through the SchuyNet website. Your permission to access the Portal is subject to the licences granted to us by Schuyler House.

You agree that you will hold ChemScreen Laboratory Services Inc., its directors, officers, employees and agents harmless for any claims, damages or loss resulting from your use or misuse of the Portal including inappropriate or unauthorised disclosure of patient information by you, your employees or agents. You will be responsible for the confidentiality and use of your password and agree not to transfer your access to the Portal to any third party. If you have reason to believe that your account is no longer secure, you must immediately notify us. You agree that you are entirely responsible for any and all activities that are conducted through your account. You acknowledge that we are not responsible for the loss of hardware or system function due to any cause beyond our reasonable control. The Portal may become unavailable, suspended or restricted from time to time for any reason or no reason. You agree that we shall not be liable for any damages arising from any interruption, suspension, or termination of the Portal. You acknowledge that your use of the Portal is entirely at your own risk and we are not obliged to continue to provide you with access to the Portal.

Please confirm that your clinic is interested in having access to the Portal by completing the attached registration forms (the “Registration Forms and signing these terms of use). Where changes occur to the clinic authorization list or any other matters disclosed in the Registration Form, you agree to inform us of such changes in writing.
After completion and submission of the Registration Form and Fee, your office will be contacted by a representative of ChemScreen Laboratory Services Inc. who will provide you with user names, password and information on usage of the Portal.

ACCEPTED AND AGREED this ____ day of _____, 20___ .

Name of Customer: _____ Signature of Customer: _____

LAB ACCESS PORTAL REGISTRATION FORM

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Name of Clinic:

_____

Name of Principal Contact:

_____

Address of clinic:

_____

_____

Contact Number(s):

(Office) _____ (Cell) _____

Contact e-mail:

_____

Clinic Authorisation List:

_____ _____

_____ _____

_____ _____