



I _____ have requested the services of a Specimen Collector or Phlebotomist.

I understand that the Collector and/or the Phlebotomist is hired and trained to maximize productivity as well as collect and manage the submission of specimens to Specialty Diagnostics Laboratory.

I understand and affirm that the Collector and/or Phlebotomist has been trained to only perform services relating to the laboratory's duties.

I understand that any office, clerical, or other services requested by the physician or physician's staff will be declined as such duties may be viewed as a violation of the Anti-Kickback Statute and other laws.

I acknowledge that the individual must comply with compliance training, regulations, policies and procedures, and guidance provided prior to begin working at the assigned clinics.

I acknowledge that the laboratory maintains a confidential and anonymous hotline to report any violations or concerns with business ethics, fraud waste and abuse violations, and discrimination or harassment violations.

The hotline number is: **___Direct 210 3525175 ext 8**

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Printed name of Account Manager _____

Signature: _____

Date: _____

Printed name of Collector/Phlebotomist: _____

Clinic name: _____

Address/contact information: _____
