HealthGene

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- Chemistry - Hematology - Endocrinology - Microbiology - Infectious DNA Testing - Animal Genetic Testing -

# Sterilizer Quality Assurance Program

To register your clinic to the program, simply complete this registration form and fax to **289-553-5232**.

**Type of Sterilizer:** ☐ **Autoclave** ☐ **Chemiclave** ☐ **Dry Heat**

Clinic: _____ Account Number: _____

Contact Person: _____ Title: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____

Please choose one of the following options:

| Term | Cost per Year | Total for Term | HST for Term | Total for Term |
|---|---|---|---|---|
| ☐ 1 year (12 sterilizers) | $174.00 | $174.00 | $22.62 | $196.62 |
| ☐ 2 years (24 sterilizers) | $150.00 | $300.00 | $39.00 | $339.00 |
| ☐ 3 years (36 sterilizers) | $132.00 | $396.00 | $51.48 | $447.48 |

Payment in Full:

☐ Add to the clinic invoice
☐ Cheque enclosed
☐ Credit Card:

_____ Exp. _____

Signature: _____ Date: _____