



AGREEMENT TO PAY COSTS INCURRED USING THE MIRAX DIGITAL SLIDE SCANNER SERVICE AND OTHER SERVICES OF THE AUSTRALIAN PHENOMICS NETWORK.

I/Wefrom.....

understand that charges will be incurred using the Mirax Digital Slide Scanner and other services provided by the Australian Phenomics Network-Histopathology and Organ Pathology as listed on the current charge sheet or as agreed in writing.

I/We agree to settle all accounts promptly and to abide by the notes provided during training, on the correct use of the Mirax Digital Slide Scanner.

Signature of Project Leader.....

Date.....

Internal Users

Department number.....

Account to be charged (internal).....or

External Users

Invoicing Details:

Name.....

Institution.....

Address.....

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Contact Number.....

Authorised Personnel under this Agreement:

Contact Phone Number

Email

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Contacts:

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