

General Information

Name: _____
 Institution: _____
 Customer No. (if available): _____
 Anatomical Pathology representative: _____
 Trade-in (used) Cytospin Serial No.: _____

Purchase Order and Delivery Information (required)

Purchase Order No. for Cytospin 4: _____
 Purchase Order No. for EZ Cytofunnel®: _____
 Delivery Schedule for EZ Cytofunnels: _____

Bill To Information

Contact: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Fax: _____

Ship To Information:

Address: _____
 City, State, Zip: _____
 Phone: _____

Send my institution a new Cytospin 4 base unit, including a one-year warranty and return authorization number for my institution's old unit. Any Shandon Cytospin in the series is eligible to be used as a trade-in unit. In return, my institution agrees to purchase and accept delivery of 60 boxes of EZ Cytofunnels within 12 months of this date and to return the institution's Trade-in unit with a used sealed head and all clips, a minimum of 12 clips. My institution agrees to use the packaging materials from the new Cytospin 4 to package and ship the Trade-in unit back to Thermo Electron Corporation Anatomical Pathology.

I understand the following:

1. Under the terms of this agreement, my institution will receive a brand-new Cytospin 4, #A78300002, with a full one-year warranty. My institution will return a Trade-in unit with a used sealed head and all clips, a minimum of 12, for complete credit. If my institution fails to return the aforementioned products, my institution agrees to pay the full price for the Cytospin 4 within 30 days of the invoiced date.

2. Upon completion of this agreement, Thermo Electron Corporation Anatomical Pathology will ship my institution a new Cytospin 4 and issue a Return Authorization Number for my institution's Trade-in unit. My institution will be billed for this unit at the price of: \$8,077.00

My institution will perform the following procedure when the unit is installed:

3. My institution will be responsible for packing the Trade-in unit in the new Cytospin 4 packaging. (Additional shipping charges will be incurred if this step is not performed).

4. My institution will ship the Trade-in unit, at my institution's cost, F.O.B. my institution, with the Return Authorization Number on the outside of the package to the following address:

Thermo Electron Corporation
 Anatomical Pathology
 171 Industry Drive
 Pittsburgh, PA 15275.

5. As part of this agreement, my institution will provide a separate purchase order for 60 boxes of EZ Cytofunnels to be delivered within 12 months of this date. My institution will purchase the 60 boxes of EZ Cytofunnels at my institution's current pricing structure.

A) Thermo Electron Corporation Anatomical Pathology will accept an order for any version or combination of EZ Cytofunnels, or equivalent, that total 60 boxes with delivery within 12 months.

| | |
|---|-----------|
| Single White EZ Cytofunnels with caps (50/Box)..... | A78710003 |
| Single Brown EZ Cytofunnels with caps (50/Box)..... | A78710004 |
| Double White EZ Cytofunnels with caps (40/Box)..... | A78710005 |
| EZ Megafunnel Large Volume Sample Chambers with caps (25/Box) | A78710001 |

B) Following verification of the EZ Cytofunnel order and Thermo Electron Corporation Anatomical Pathology's receipt of the Trade-in unit, my institution's account will be credited the difference from the quoted list price of the Cytospin 4 and the net discounted price of \$4,577.00.

If, for some reason, my institution's Trade-in unit is not returned, my institution agrees to pay the full price for the Cytospin 4.

Failure to take complete delivery of the agreed upon order quantity of EZ Cytofunnels will result in my institution being billed for the value of the unshipped number of boxes.

My signature indicates that I am acting as an official agent of my institution, and accepting the terms and conditions stated in this contract.

Signature: _____

Print Name: _____

Title: _____

Date: _____