

## Please return by fax to: 1 (888) 866-8130

(or by e-mail to: support-us@smartgene.com)

## Authorization for a Personal User Login to the SmartGene IDNS® platform (Please note: all information is required. If completing by hand, please print.)

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Module(s) to be accessed: (circle the correct module(s,	Bacteria Fungi HCV HIV HLA F NGS (IDNS5) Other Details?:	lu MLST
Institution/Department:		
Mailing Address:		
City, State &/or C	ountry:	
User's First Name:		
User's Last Name:		
User's e-mail Address:		
User's Phone Number:		
Validity / Limited dates of activ		to <u>/ / (</u> date)
Replaces an existing account? whose account is to be deactive		
Level of access: Full acces	s to all features? Yes □ No □	
If No, then: Creation Limited	o add, edit, delete records?  In/validation of PDF reports?  Yes  Yes  Yes  Yes  Yes  Yes  Her restrictions?	No 🗆 No 🗆
Authorized by:		
Signature:	Printed name:	/ / (date)
Remarks: (Accounts will typically be	first initial + last name, all lowercase unless otherwise spec	oified.)
<b>Important notice:</b> In accordance with shared nor transferred between individuals, ar and for any and all consequential damages in	SmartGene's General Business Conditions, IDNS® <b>User Logins a</b> d must be kept confidential by each user. User's organization sha whatever form suffered by SmartGene.	re strictly personal, shall not be II be liable for any misuse of logins
Internal notes (SmartGene)	Account activated   Date/ by:	
Communicated to:	user other: phone other	: :
Account ID & Initial Password:		

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