



Please return by fax to: 1 (888) 866-8130 (or by e-mail to: contact-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.)

Module(s) to be accessed: (circle the correct module(s)	Bacteria Fungi HCV HIV HLA Flu MLST NGS (IDNS5) Other Details?:
Institution/Department:	
Mailing Address:	
City, State &/or Co	ountry:
User's First Name:	
User's Last Name:	
User's e-mail Address:	
User's Phone Number:	
Validity / Limited dates of active	ation? immediate from/ / to/ / (date)
Replaces an existing account? who's account is to be deacti	If so,
Level of access: Full acces	s to all features? Yes No
If No, then: Creation Limited	to add, edit, delete records? on/validation of PDF reports? I rights to only view records? Her restrictions?
Authorized by:	
Signature:	Printed name:/ (date)
Remarks, if any:	
	SmartGene's General Business Conditions, IDNS® User Logins are strictly personal , shall not be d must be kept confidential by each user. User's organization shall be liable for any misuse of logins

and for any and all consequential damages in whatever form suffered by SmartGene.

Internal notes (SmartGene)	Account activated Date /	by:	
Communicated to:	□ user □ other:	□ phone □ other:	
Account ID & Initial Password:			

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