BIOMEDICAL SERVICES CONTRACT

This agreement acknowledges that the biomedical service name and address (hereinafter referred to as “SERVICE”) is adequately equipped and agrees to provide biomedical services for facility name (hereinafter referred to as “FACILITY”) every 6 months.

Reports will include safety and calibration results of equipment and such reports will be submitted to FACILITY in a timely manner. (May specify time limitations.)

FACILITY will be billed for services directly by SERVICE.

Further information may be obtained by contacting SERVICE.

Term: This AGREEMENT shall be effective upon its signing and shall continue from year to year thereafter except that either party hereto may terminate this AGREEMENT with or without cause upon sixty days prior written notice to the other party at any time. In addition, either party may terminate immediately upon a breach by the other party of any term of the AGREEMENT or upon the revocation or suspension of the other party's license to operate.

Approved:

Name of Facility ____________________________________________________________

By________________________________________________________

Title________________________________________________________

Date________________________________________________________

Name of Biomedical Service ________________________________________________

By________________________________________________________

Title________________________________________________________

Date________________________________________________________