

# SLT ALLSCREENS MOBILE TESTING, LLC

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## Mobile Testing Service Agreement

This Service Agreement ("**Agreement**") is entered into as of [**Effective Date**], by and between:

### SLT AllScreens Mobile Testing, LLC

Business Address: 665 S Pear Orchard Rd Ste #106-899 Ridgeland, MS 39157

Phone: 601.667.0579

Email: sltallscreensmobiletesting@gmail.com

(Hereinafter referred to as "Provider")

### Client Information

Client Name/Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

(Hereinafter referred to as "Client")

### Scope of Services

Provider will render the following services on-site or at the Client's designated location:

- DOT/NON-DOT Drug Testing (Urine, Oral Fluid, Breath Alcohol Testing)
- Mobile Phlebotomy (Routine & Stat Blood Draws, Lab Kit Draws)
- EKG Services (12-Lead Resting EKG with report delivery)

### Contract Duration

This Agreement shall remain in effect for a period of 12 months beginning on [**Start Date**] and ending on [**End Date**], unless terminated earlier by either party per Section 8 below.

The Agreement may be renewed or amended upon mutual written consent of both parties.

### Payment Terms

- Payment is due upon receipt unless otherwise agreed in writing.
- Accepted payments: Cash, Credit/Debit Card, Business Check, ACH Transfer.
- Late payments are subject to a 2% monthly late fee.
- A deposit may be required for bulk or ongoing services.

### Scheduling & Cancellations

- Appointments should be scheduled at least 24 hours in advance.
- Cancellations made with less than 12 hours' notice may incur a \$25 cancellation fee.
- No-shows will be charged the full-service fee.

## Confidentiality & Compliance

Provider agrees to:

- Maintain confidentiality in compliance with HIPAA and DOT regulations.
- Use appropriate safety and handling procedures.
- Release results only to authorized recipients.

## Liability Disclaimer

SLT AllScreens Mobile Testing, LLC shall not be held responsible for:

- Laboratory delays or result interpretation
- Adverse reactions post-phlebotomy
- Factors outside the Provider's control (traffic, weather, client delay)

## Termination

This Agreement may be terminated by either party with 14 days' written notice. Immediate termination is permitted for cause, such as breach of terms or legal noncompliance.

## Entire Agreement

This document represents the full agreement between the parties. Amendments or addendums must be in writing and signed by both parties.

## Client Authorization:

By signing below, the Client agrees to the terms and authorizes SLT AllScreens Mobile Testing, LLC to provide the outlined services.

## Authorization & Signatures

Client Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Authorization & Signatures

Date: \_\_\_\_\_