

QuickSlide™ Warranty Agreement Certificate

Company Name: _____

Company Address: _____

Instrument Model: _____ Serial No.: _____

Warranty No.: _____

Effective Dates: From _____ to _____.

Hardy Diagnostics will repair or replace the instrument under the terms and conditions of this agreement.

- Repaired units will be given the latest software upgrades and new tube sets.
- Shipping charged to and from the customer will be provided by HDx.

Hardy Diagnostics shall not be obligated under this warranty if the need for repairs or replacements results from Customer's failure to operate and maintain the system as specified in the operating manual. Company shall not be responsible for results generated from or damage caused by Customer's use of third party reagents or use of third party maintenance services.

Repairs or replacement arising from any of the following shall invalidate the warranty:

- i. Customer's failure to properly perform the maintenance required in the operator's manual.
- ii. Repairs by persons other than Hardy Diagnostics service personnel.
- iii. Replacements with other than genuine QuickSlide™ parts.
- iv. Customer's negligence or negligent operation of the System.
- v. Unauthorized alterations or modifications to the System or software.
- vi. Removal of the protective case without service authorization.
- vii. Use of reagents other than those provided by Hardy Diagnostics.
- viii. Use of microscope slides other than QuickSlide™ ProBond microscope slides.
- ix. Use of specimen fixation method other than methanol fixation.

Extended warranties do not cover:

- Routine Maintenance of tube sets.
- Broken glass slides in tubing or the waste ports as an outcome of customer negligence.

All other components are covered, granted the user follows the operating instructions. Refer to our Domestic Terms & Conditions at www.HardyDiagnostics.com/terms-conditions and our International Terms & Conditions at www.HardyDiagnostics.com/international-terms-conditions for additional information.

Hardy Diagnostics Representative_____
Date