

To:

From:

Date:

Onyx
Incident #:



2227 Douglas Road, Burnaby B.C., V5C 5A9
Phone: 604.439.3009 ext: 5100 Fax: 866.736.2645
Email: lmeyers@verathon.ca
Contact: Laura Meyers

LOAN AGREEMENT

Verathon Medical (Canada) ULC ("Verathon") is pleased to offer a loaner GlideScope® Ranger unit ("GlideScope®") for therapeutic purposes to qualified medical professionals. The use of a GlideScope® is provided to approved and trained medical professionals who plan on travelling to parts of the world where the use of the GlideScope® may facilitate best medical services and practices.

Eligible medical professionals are welcome to contact Verathon and request the use of the GlideScope®. (In order to determine if you are eligible to obtain the GlideScope®, please contact Verathon at the above listed email address or phone number). Subject to eligibility and availability, Verathon will be pleased to ship the GlideScope® upon execution of this Loan Agreement.

In signing the Loan Agreement, you agree to:

1. Use the GlideScope® according to the instructions contained in the GlideScope® User's Manual, Quick Reference Cards and Instructional Video. (The Instructional Video will be sent to you for your review. You agree to review the video prior to using the GlideScope®).
2. Do your best to return the loaner unit to Verathon in the same condition that it was received in. (Normal wear and tear on the GlideScope® is expected and acceptable).
3. Return the GlideScope® to Verathon by the return date stated below.
4. Provide Verathon with at least twelve (12) pictures of the GlideScope® being utilized during your time abroad. (Please note that these pictures may be used for educational or promotional purposes and therefore Verathon requires the written consent of any individual whose image is used).
5. Take care to pack the GlideScope® so as to minimize movement of the GlideScope® in the box and protect the GlideScope® from damage that may occur during the shipping process.

If damage does occur, please notify Verathon as soon as you are able (at the above listed number) and return the damaged unit to the above listed address.

Approval

Please email (lmeyers@verathon.ca) or fax this document back to Verathon (1-866-736-2645) for approval. You will be notified once this document has been received by our offices.

Should you have any questions, please contact Laura Meyers of Verathon directly at 604-439-3009 ext: 5100.

Name

Today's Date

Organization (Please include address)

Destination Country

Contact Phone Number

Email address

Mailing Address

Medical Degree or Designation

Proposed Start Date of Loan

Proposed Return Date of Loaner Unit

Signature

Authorization Signature by President