

## Natural Products Laboratory and Test Kitchen Intake and Renewal Form

Please review our lab and kitchen use policy (F-006) and discuss any questions with our team. Complete this form to provide us with the information to get started.

### A. Client Contact and Billing Information

Date: \_\_\_\_\_ County: \_\_\_\_\_  
 Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Title or Role: \_\_\_\_\_ Phone 1: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone 2 (opt.): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City / State/ Zip: \_\_\_\_\_

### B. Business Information

Number of employees: \_\_\_\_\_  
 Primary industry: Food Other (describe): \_\_\_\_\_

### C. Laboratory Project Description

Check here if laboratory rental is not requested

Describe required instrumentation and general protocols to be used. You will be asked to submit a chemical inventory and safety data sheets before bringing items into the laboratory.

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### D. Test Kitchen Project Description

Check here if test kitchen rental is not requested

Describe required kitchen equipment and appliances. You will be asked to submit an ingredients list, allergen information, and a food safety plan before beginning production work.

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**E. Rates and Fees**

Submit deposit checks made payable to A-B Tech:

Check here if this is a renewal only and deposits are not required

| Purpose                | Amount | Staff Use Only<br>Initials / Date Received |
|------------------------|--------|--|
| Security deposit       | \$250  |  |
| Cleaning deposit       | \$100  |  |
| Biohazard cleanup fee* | \$60   |  |

\*applicable only to microbiology lab users

**F. Personnel Qualifications**

Identify all persons authorized to use the laboratory on your behalf. Briefly describe each individual's relevant educational or experiential background (e.g., a degree or laboratory-based coursework in Chemistry, Microbiology, or Food Science and/or previous work experience in a lab or advanced manufacturing environment; ServSafe certificate, restaurant BOH or food manufacturing experience, etc.).

| Name | Role | Qualifying Education/ Experience | Code Assigned? |
|------|------|----------------------------------|----------------|
|      |      |                                  |                |
|      |      |                                  |                |
|      |      |                                  |                |
|      |      |                                  |                |

**G. Scope of Agreement**

Sign and date below to indicate the information within this form is correct and complete.

\_\_\_\_\_  
Client name and role

\_\_\_\_\_  
Signature and date

\_\_\_\_\_  
BioNetwork representative

\_\_\_\_\_  
Signature and date