CryoSTAT
HISTOLOGY SOLUTIONS

CLIENT SERVICE AGREEMENT

CryoSTAT Solutions LLC

Professional Histology & Mohs Frozen Section Coverage Services

1. PARTIES

This Client Service Agreement ("Agreement") is entered into between CryoSTAT Solutions LLC ("Provider"), located at 600 Silver Grass Ct, Wilmington, NC 28405, and the client identified below ("Client").

2. SERVICES

Provider agrees to furnish temporary professional histology services including Mohs frozen section processing, embedding, microtomy, H&E staining, laboratory workflow support, vacation and sick coverage, and related services requested by Client.

3. INDEPENDENT CONTRACTOR

Provider performs all services as an independent contractor. Nothing in this Agreement creates an employer-employee, partnership, or joint venture relationship.

4. DAILY RATE

The standard professional service fee is $795 per day for up to ten (10) cases during the scheduled workday.

5. ADDITIONAL CASE VOLUME

Provider charges a flat fee of **$75.00 per case** for any cases over ten (10) during a scheduled day. This flat fee applies to each additional case performed, regardless of complexity.

6. PAYMENT TERMS

Invoices are due within fifteen (15) days unless otherwise agreed in writing. Client is responsible for any approved travel, lodging, parking, or other reimbursable expenses.

7. CLIENT RESPONSIBILITIES

Client shall provide a safe work environment, functioning laboratory equipment, necessary supplies, system access, and orientation to facility-specific procedures.

8. PROVIDER RESPONSIBILITIES

Provider shall maintain applicable certifications, professional conduct, confidentiality, and comply with HIPAA, OSHA, and facility policies while performing services.

9. CANCELLATION

Cancellations made less than forty-eight (48) hours before the scheduled assignment may be subject to Half the full daily service fee unless otherwise agreed.

10. CONFIDENTIALITY

Provider shall protect confidential and protected health information in accordance with applicable law. A separate HIPAA and Confidentiality Agreement may supplement this Agreement.

11. LIMITATION OF LIABILITY

Each party shall remain responsible for its own acts and omissions to the extent permitted by law.

12. GOVERNING LAW

This Agreement shall be governed by the laws of the State of North Carolina.

CLIENT INFORMATION

Practice/Hospital:		**Location:**	
Contact Person:		**Authorized Representative:**	
Assignment Date(s):		**Email/Phone:**	

ACCEPTANCE

By signing below, the parties agree to the terms of this Agreement.

CRYOSTAT SOLUTIONS LLC

By: _____
Cameron Viehman, Owner

Date: _____

CLIENT

By: _____

Name/Title: _____

Date: _____