CryoSTAT
— HISTOLOGY SOLUTIONS —

INDEPENDENT CONTRACTOR AGREEMENT

CryoSTAT Solutions LLC

Professional Histology Contractor Agreement

1. PARTIES

This Independent Contractor Agreement ("Agreement") is entered into between CryoSTAT Solutions LLC ("Company") and the Independent Contractor identified below ("Contractor").

2. PURPOSE

The Contractor agrees to provide professional histology, Mohs frozen section, laboratory support, consulting, and related healthcare services on assignments accepted through the Company.

3. INDEPENDENT CONTRACTOR STATUS

The Contractor is an independent contractor and is not an employee of CryoSTAT Solutions LLC. The Contractor is solely responsible for taxes, insurance, licensing, certifications, and business expenses unless otherwise agreed in writing.

4. QUALIFICATIONS

The Contractor represents that all certifications, licenses, education, and professional credentials required to perform services are current and will be maintained throughout this Agreement.

5. COMPENSATION

Compensation for each assignment shall be established in a separate written assignment confirmation. The Contractor shall only be paid for assignments accepted and completed according to Company standards.

6. CONFIDENTIALITY & HIPAA

The Contractor agrees to protect all confidential information and Protected Health Information (PHI) in accordance with HIPAA, applicable laws, and the Company's HIPAA & Confidentiality Agreement.

7. NON-SOLICITATION

During this Agreement and for twelve (12) months after its termination, the Contractor shall not directly solicit or accept employment or contracting opportunities from a Company client that were introduced through CryoSTAT Solutions LLC without the Company's written consent.

8. INSURANCE

The Contractor shall maintain any insurance required by law or requested by the Company, including professional liability coverage when applicable.

9. TERM AND TERMINATION

Either party may terminate this Agreement upon written notice. Accepted assignments remain subject to completion unless otherwise agreed.

10. GOVERNING LAW

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

CONTRACTOR INFORMATION

Contractor Name	
Address	
Phone	
Email	
ASCP Certification	
Professional Liability Insurance	

SIGNATURES

CRYOSTAT SOLUTIONS LLC

By: _____

Cameron Viehman, Owner

Date: _____

INDEPENDENT CONTRACTOR

Signature: _____

Printed Name: _____

Date: _____