HQ: 147 W, 35th St, New York, NY, 10001
T: 718-428-2560 | F: 678-868-4807
info@medlinkworld.com

MEDLINK WORLD LLC Order Form

CareStart™-COVID-19 Rapid Antigen Test

1 Kit = 20 tests/Box

COVID19-IgG/IgM Rapid Antibody Test

I Kit-25 tests/Box

PRODUCT	PRICE/TEST	NUMBER OF KITS	TOTAL
CareStart™ Rapid Antigen Test Kit			$
Rapid Antibody IgM/IgG Test Kit			
		Subtotal	
		Shipping	
		NY State Tax* (8.75%)	
(*To claim sales tax exemption, customer must submit Tax exemption form)		Total	

Shipping Information: Buyer is responsible for shipping costs.

Organization Name

Contact Name

Mailing Address

City | State | Zip Code

Email | Phone

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Payment Information:

Use Payment Information on File? ◯ Yes ◯ No If not using payment information on file, please provide payment details below

Zelle payments available for orders under $5,000.Call the office to receive instruction. Direct Wire Transfer is preferred method of payment and wiring instructions will be also provided on invoice to the Buyer. ACH Payment available on orders up to $100,000 USD. Certified Check payment also available but order will not ship until payment is received.

Check Payable to: Medlink World LLC
Check Mailing Address: 221-66, 59th Ave, Oakland Gardens, NY 11364

Wiring Instruction:

Bank Name	Citbank N.A	Account Number	6863970886
Account Name	Medlink World, LLC	Routing Number	021000089
Account Address	176-50, Union Tpke, Jamaica, NY 11366		

Terms for order forms & Invoices – Direct payment

Billing and Payment Terms: Customer will be charged in full upon signing of order form. Payments are due upon receipt of order form unless otherwise agreed upon between both parties. Signature on this order form constitutes agreement with the product and materials order above. 100% will be billed and must be paid in full prior to product being shipped or hand delivered. Final shipment info with tracking number will be provided upon full payment of your order. Direct wire transfer, certified check, credit card and ACH payment options available based on billing amount

Product: This test has received an Emergency Use Authorization from the Federal Drug Administration (FDA). The CareStart™ COVID-19 Antigen Test is a lateral flow immunochromatographic assay for the detection of extracted nucleocapsid protein antigens specific to SARS-CoV-2 in swab specimens directly collected from individuals who are suspected of COVID-19 by their healthcare providers.

Auto-ship Program: Subject to the commercial availability of Antigen Testing, Purchaser will commit to Diagnostic COVID Rapid Testing solely from Medlink World LLC and its affiliates for a period of at least 6 months. Seller agrees to offer the Purchaser a 10% discount on COVID Rapid Tests when purchased each month from the execution of the Order Form. Discount will begin on the 2nd month of re-ordering. By signing below, I acknowledge that I/we fully understand and will abide by the above. I/we further agree to pay the total due indicated above via credit card or wire transfer for the above agreed upon products. I/we understand products will not be shipped until total due is paid-in-full.

Date:_____ Signature: _____

UNITED STATES CUSTOMERS: EMERGENCY USE TEST PURCHASE ACKNOWLEDGEMENT

This Emergency Use Test Purchase Acknowledgement ("Agreement") is entered into by and between the Company (also "Supplier") and the Client ("Purchaser") and is effective as of date set forth next to the Buyer's signature.

The Purchaser agrees that the tests purchased by Purchaser from the Company ("Tests") are for emergency use authorized (EUA) test purposes only and have been approved and licensed for sale or use in the U.S. by the U.S. Food and Drug Administration ("FDA") under specific EUA guidance. The Tests are provided by Company to Purchaser pursuant to the Policy for Diagnostic Tests for Coronavirus Disease-2019 during the Public Health Emergency as revised on the web on May 11, 2020 (or as per most recent) by U.S. Food and Drug Administration ("The Policy"), which may be found here: https://www.fda.gov/media/135659/download

as well as specific information, instructions and evaluation data pertinent to "Tests" use as provided in the "authorized serology test performance" section of the FDA website, ("Serology Section"), available here:

https://www.fda.gov/medical-devices/emergency-situations-medical-devices/eua-authorized-serology-test-performance

All uses of the tests by the Purchaser shall be consistent with the Policy and Serology Section. Purchaser shall comply with the Policy guidance including, but not limited to, validation, FDA notification, reporting of results, Emergency Use Authorization ("EUA"), clinical testing, claims, restrictions and indications for use and distribution. Collection and interpretation of the Tests shall only be performed by accredited medical professionals. The Tests shall not be made available, sold, distributed or marketed, directly or indirectly, to the general public or outside of their indication for use.

The Purchaser shall not alter, modify, remove or deface the labelling on the Tests.

CE COUNTRIES: SELF DECLARE CE MARK AND TUV AUDIT/LISTING

The Purchaser agrees that the tests purchased by Purchaser from the Company ("Tests") meet the quality certification level of "CE Mark", which is a self-declared process, and a certificate has been granted to the Manufacturer. Seller will provide CE certificate, and any other necessary paperwork,

FURTHER ACKNOWLEDGEMENT – ALL POTENTIAL PURCHASERS IN ALL REGIONS

THE TESTS SHALL ONLY BE USED FOR PRELIMINARY SCREENING PURPOSES AND SHALL ONLY BE USED TO DETERMINE IF ADDITIONAL TESTING IS REQUIRED, AND AS DICTATED BY END MARKET REGULATIONS.

The Purchaser shall not alter, modify, remove or deface the labelling on the Tests.

The Purchaser agrees to indemnify, defend and hold harmless Company and its officers, directors, shareholders, employees, agents, representatives, successors and assigns from any and all claims, demands, losses, liabilities, judgments, awards and costs (including attorney's) fees arising out of or relating to the breach of this Agreement by the Purchaser or any person affiliated with the Purchaser.

I/We, are authorized to sign this agreement on behalf of the Purchaser and the information given is true and correct and acknowledge the terms and conditions as stated above and agree to abide by these terms.

PURCHASER:_____ TITLE:_____

NAME: _____ DATE: _____

SIGNED: _____