



SCAT TUBE REQUIREMENTS FORM
 Please email to info@goprolytix.com
 or FAX to +1 (802) 878-1776

General Information

Company/Institution:	
Investigator name:	
Contact name:	
Telephone:	
Fax:	
Email:	
Date:	

Product Information

Number of tubes requested:	
Tube size:	
Tube material:	Plastic
Do you need a vacuum draw?	Yes; draw volume _____ No; fill volume _____
Tube contents:	
Contents concentration after fill:	
Format:	Liquid Lyophilized
Special label requirements:	
Special storage requirements:	
Special packing/shipping requirements:	
Other requirements:	
Customer Signature: (if no digital signature you may print, sign and fax)	



SCAT TUBE REQUIREMENTS FORM
Please email to info@goprolytix.com
or FAX to +1 (802) 878-1776

Prolytix Signature for
approval:

**THE NEXT SECTION ONLY NEEDS TO BE SIGNED IF YOU ARE PURCHASING TUBES.
NOT NEEDED FOR A QUOTE.**

PLEASE RETURN TO PROLYTIX AT:

[INFO@GOPROLYTIX.COM](mailto:info@goprolytix.com)

OR BY FAX AT TO +1 (802) 878-1776

QUESTIONS?

CALL +1 (802) 878-1777

OR BY EMAIL AT [INFO@GOPROLYTIX.COM](mailto:info@goprolytix.com)

Prolytix – Tube Requirements Form (rev2-05162017) – Page 2
Initials _____

Tel: +1 (802) 878-1777 FAX: +1 (802) 878-1776
Email: info@goprolytix.com Web: www.prolytix.com



SCAT TUBE REQUIREMENTS FORM
Please email to info@goprolityx.com
or FAX to +1 (802) 878-1776

**Important information concerning the use of PROLYTIX's Special
Collection Anticoagulant
Tubes (SCAT line of products).**

Special precautions for the use of ALL SCAT blood collection tubes:

The SCAT series of sample collection tubes are to be used for **investigational research applications only**. They **must not** be used for in-vitro diagnostic applications. Although the SCAT tubes may resemble standard phlebotomy collection tubes, it should be noted that these tubes are **NOT STERILE. DO NOT USE THESE TUBES FOR BLOOD COLLECTION VIA DIRECT PHLEBOTOMY UNLESS** done with a catheter of at least five inches (12.7 cm) in length, which is equipped with a multi-sample luer adapter (MSLA). This will reduce the possibility of back-flush from the non-sterile tube to the sample donor.

IMPORTANT PRECAUTIONARY STATEMENT

Warning: All formulations of SCAT blood collection tubes are **NOT STERILE** and may contain **HARMFUL** compounds. **CLIENT** is responsible for reviewing **MSDS** sheets for each compound in the tube. Further, these tubes are for **investigational use only**. They are not to be used for diagnostic or treatment purposes. Tests that are performed on blood or plasma from these tubes **must not** be used for diagnostic or treatment purposes. Use these tubes only as directed.

Proper Use: Read all of the information above before using SCAT tubes as well as any information provided with the tubes themselves. Haematologic Technologies, Inc. doing business as PROLYTIX, shall not be held responsible for complications arising due to the misuse of SCAT tubes.

Note: Any failure of the purchaser and/or end user to properly use this series of products shall operate as a waiver of any stated warranty. There are no warranties that extend beyond the description of the face hereof.

LIABILITY INDEMNIFICATION

Intellectual Property

Each Party shall notify the other of any claim, lawsuit or other proceeding related to the Client-designed SCAT-series collection tube. CLIENT agrees that it will defend, indemnify and hold harmless HAEMATOLOGIC TECHNOLOGIES INC. doing business as PROLYTIX, and its affiliates, and each of their respective scientists, researchers, employees, officers, trustees, agents, shareholders and members (the "Indemnified Parties"),



SCAT TUBE REQUIREMENTS FORM
Please email to info@goprolityx.com
or FAX to +1 (802) 878-1776

from and against any and all claims, causes of action, lawsuits or other proceedings of any nature whatsoever, (the “Claims”) filed or otherwise instituted against any of the Indemnified Parties related directly or indirectly to or arising out of the design, process, manufacture, sale or use of the Client-designed SCAT-series collection tube, or any other embodiment of the Client-designed SCAT-series collection tube, by CLIENT, its employees, agents and persons accessing the Client-designed SCAT-series collection tube through CLIENT. CLIENT will also assume responsibility for all costs and expenses related to such Claims, including, but not limited to, the payment of all reasonable attorneys’ fees and costs of litigation or other defense; provided, however, that the obligation of such indemnification shall not apply to any Claims arising from the gross negligence or intentional misconduct of any Indemnified Party.

CLIENT represents and warrants that: (i) there is no pending litigation which alleges that any of its activities relating to the Client-designed SCAT-series collection tube have violated any of the intellectual property rights of any third person (nor has it received any written communication threatening such litigation); (ii) to the best of its knowledge, no litigation has been otherwise threatened which alleges that any of its activities relating to the Client-designed SCAT-series collection tube have violated any of the intellectual property rights of any third person; and (iii) it owns all right, title and interest in and to the Client-designed SCAT-series collection tube or has any and all licenses from third parties necessary to make, use, sell, or offer for sale the Client-designed SCAT-series collection tubes.

Further Client warrants that the design, process, manufacture, sale or use of the Client-designed SCAT-series collection tube does not and will not infringe any patents any other entity. Client will defend, indemnify and hold harmless the Indemnified Parties from and against any and all claims, causes of action, lawsuits or other proceedings of any nature whatsoever, (the “Claims”) filed or otherwise instituted against any of the Indemnified Parties related directly or indirectly to or arising out of the design, process, manufacture, sale or use of the Client-designed SCAT-series collection tube, or any other embodiment of the Client-designed SCAT-series collection tube, by CLIENT, its employees, agents and persons accessing the Client-designed SCAT-series collection tube through CLIENT. CLIENT will also assume responsibility for all costs and expenses related to such Claims, including, but not limited to, the payment of all reasonable attorneys’ fees and costs of litigation or other defense; provided, however, that the obligation of such indemnification shall not apply to any Claims arising from the gross negligence or intentional misconduct of any Indemnified Party.

Product Liability

CLIENT agrees that it will defend, indemnify and hold harmless HAEMATOLOGIC TECHNOLOGIES INC. doing business as PROLYTIX, and its affiliates, and each of their respective scientists, researchers, employees, officers, trustees, agents, shareholders and members (the “Indemnified Parties”), from and against any and all claims, causes of action, lawsuits

Prolytix – Tube Requirements Form (rev3 - 01022024) – Page 4

Initials _____

Tel: +1 (802) 878-1777 FAX: +1 (802) 878-1776

Email: info@goprolityx.com Web: www.prolityx.com



SCAT TUBE REQUIREMENTS FORM
Please email to info@goprolytix.com
or FAX to +1 (802) 878-1776

or other proceedings of any nature whatsoever, (the “Claims”) filed or otherwise instituted against any of the Indemnified Parties related directly or indirectly to or arising out of the design, process, manufacture, sale or use of the Client-designed SCAT-series collection tube, or any other embodiment of the Client-designed SCAT-series collection tube, by CLIENT, its employees, agents and persons accessing the Client-designed SCAT-series collection tube through CLIENT. CLIENT will also assume responsibility for all costs and expenses related to such Claims, including, but not limited to, the payment of all reasonable attorneys’ fees and costs of litigation or other defense; provided, however, that the obligation of such indemnification shall not apply to any Claims arising from the gross negligence or intentional misconduct of any Indemnified Party.

CLIENT represents and warrants that they have read, understand, and will abide by, the “Special precautions for the use of ALL SCAT blood collection tubes,” and that any use otherwise is in direct violation of those precautions.

I HAVE READ, UNDERSTAND, AND AGREE TO ABIDE BY THE PRECAUTIONARY STATEMENT, THE GUIDELINES FOR USE, THE WARRANTY, AND THE TERMS DESCRIBED HEREIN. BY SIGNING THIS I ACKNOWLEDGE RECEIPT OF THE ABOVE INFORMATION, AND UNDERSTAND IT. I WARRANT THAT ALL INDIVIDUALS INVOLVED WITH THE USE OF THESE TUBES WILL READ, UNDERSTAND, AND FOLLOW THESE PRECAUTIONS. THIS WAIVER COVERS THE END USER FOR ANY TUBES PURCHASED IN 2025.

End User:

Printed name _____ Title: _____

Company or Institution _____

Signature/Date: _____

PLEASE RETURN TO PROLYTIX AT:

[INFO@GOPROLYTIX.COM](mailto:info@goprolytix.com)