



EUROARRAY EVALUATION - CLINICIAN PARTICIPATION AGREEMENT

Alpha Laboratories (“Alpha”) agrees to provide the EUROArray DNA test for superficial fungal infection (“the Test”) without charge for Ontario OHIP eligible patients (“the Patient”) based on requests from the undersigned physician or nurse practitioner (“Clinician”) during the pilot study period February 11 to March 31st (“study period”) and during the extended pilot study period (“extended period”) of April 1 to approximately April 21st, 2020*. *The extended period may be ended earlier or made longer upon one week’s notice by Alpha, at its discretion.

The Clinician agrees that they will make best efforts to:

1. Order the Test when the need is clinically indicated and for which they are also ordering order conventional fungal culture tests.
2. Obtain patient consent for participation in the study and for the Clinician to provide clinical information.
3. Order the Test by completing Alpha’s evaluation requisition.
4. Follow the correct procedures for sample collection (same as for culture test).
5. Respond to up to two brief “mini-surveys,”1) when results for the first Test are received and 2) if/when treatment outcomes for the Patient are known.
6. Also complete a “longer-form survey” if ordering more than 5 of the Tests for different Patients during the study period.
7. Order a follow-up Test for the patient when/if treatment outcomes are known to help confirm the effectiveness of treatment.
8. Use their independent professional clinician judgement at all times in determining tests, diagnosis and treatment for the Patient.
9. **(Only if ordering the Test and completing survey (s) before March 31st)** Accept the honoraria provided, as described below, as full consideration for time and effort in connection with this evaluation
 - a. \$10 for completing the special requisition, \$10 for the first mini-survey and \$10 for the final survey, for a total of \$30 per patient. (Alpha will provide these honoraria after the first survey is completed)
 - b. An additional \$100 to the Clinician for completion of the longer form survey if more than five (5) tests have been completed. (Alpha will provide this honorarium after the fifth test is completed).

The Clinician

Name (please print) Signature

Email – (required) Result fax (required) Phone

Please circle MD NP _____ Estimated number Patient fungal infections monthly