ACCOUNT REPRESENTATIVE/TECHNICAL ADVISOR ACKNOWLEDGEMENT AND RELEASE

Name	<u> </u>
Manufacturer	
I have been requested to provide technical adverthe selection or use of the Manufacturer's procedures at the University of Texas Medical "UTMB"). I represent and warrant that I am of and that in providing such assistance I am activate as an employee of the Manufacturer named absuch qualifications upon request.	ducts during certain procedures/surgical l Branch at Galveston (hereinafter, qualified to provide the requested assistance ng within the scope of my responsibilities
I have reviewed UTMB's orientation material safety, infection control, and patient privacy a those policies and all other UTMB Rules and Institutional Handbook of Operating Procedur http://www.utmb.edu/policy/ihop/search/ihop/	nd confidentiality. I agree to comply with Regulations, including UTMB's res (which are available at
I understand that I will be under the direct sup agree to follow the attending physician's instr- permitted to enter the sterile field or engage in unless otherwise agreed in writing between U	uctions. I also understand that I am not a any direct patient care activities at UTMB
In consideration of UTMB allowing me to pro- expressly release the attending physician, UTM from any and all claims, damages, responsibile directly, or indirectly from or in connection w to indemnify and hold harmless the attending employees from and against any and all claims indirectly out of in connection with my provise	MB, their agents and employees, of and ities and liabilities which may arise ith my activities at UTMB. I further agree physician, UTMB and their agents and s, liabilities and damages arising directly or
Manufacturer's Representative	Witness
Date	Date