

Acknowledgment of Idaho BioSense Platform Terms of Use

With my signature below, I acknowledge that I have read, understand, and will comply with the Idaho BioSense Platform Terms of Use, dated _____.

I acknowledge that failure to comply with the Idaho BioSense Platform Terms of Use may result in changes to my Idaho BioSense platform access or revocation of my Idaho BioSense user authorization.

Name (printed) _____

Signature _____

Date of signature _____

