



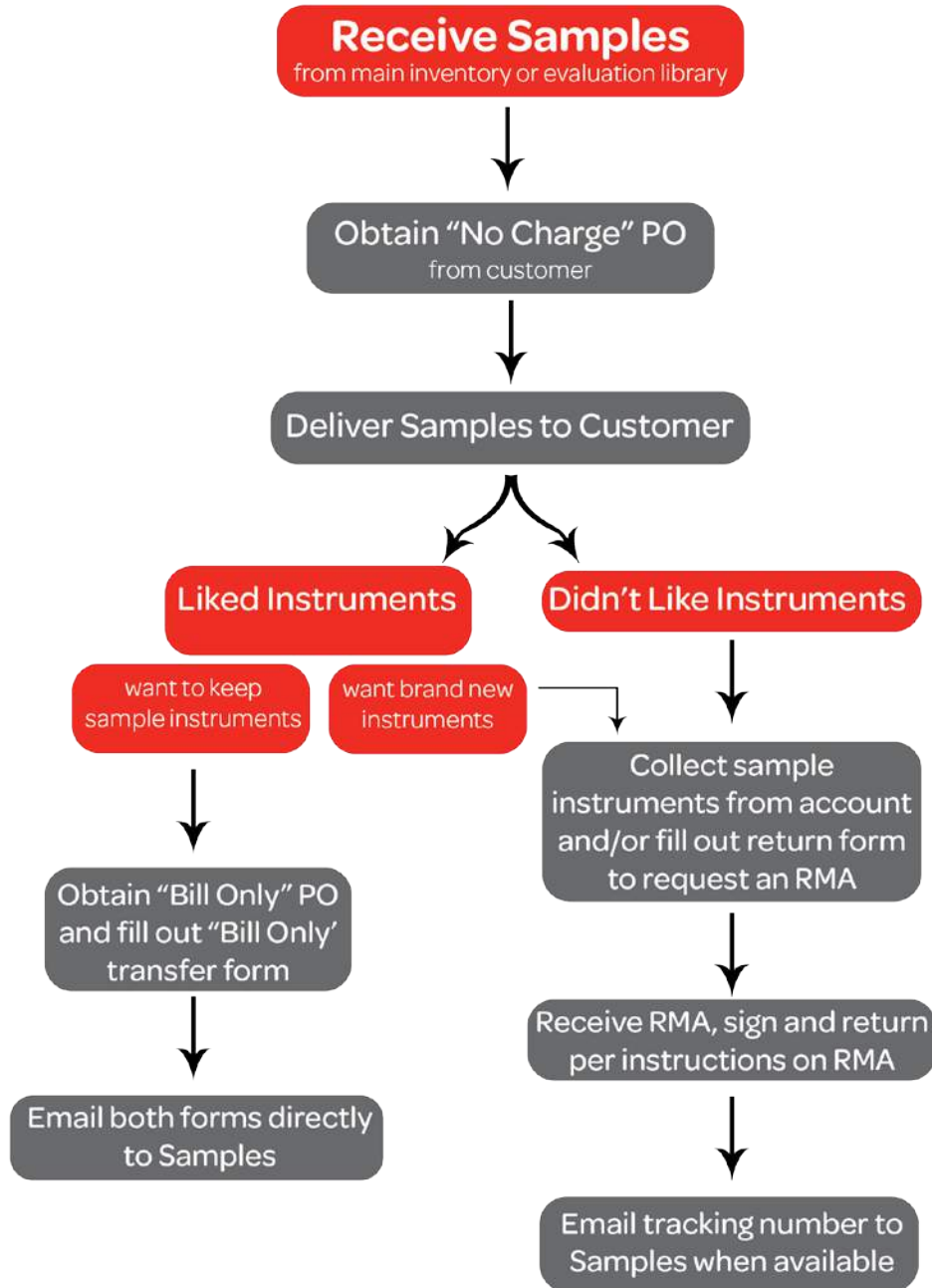
symmetry surgical®

**Symmetry
Surgical
Process
Handbook**

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Samples Process Flowchart



REQUESTING SAMPLES

Request samples via email to samples@symmetryurgical.com. If possible, use attached sample request forms (One form is for “show & tell only” samples from either new inventory or from our eval library, and another form is for evaluation samples for items that can be used from our eval library). Always supply item #, quantity (state box or each if UOM of item is box – partial boxes can be requested), sales rep acct # and ship to address.

Samples will ship out to you within 24 hours of receipt of the request. Samples will ship via FedEx ground. If expedited freight is required, the sales rep or dealer is responsible for the charges. Please check the shipment upon receipt and let Edith Kent at samples@symmetryurgical.com know if there are any discrepancies or if an item is damaged. **Complaints at a later date will not be accepted unless there is a real issue or alleged defect that was noted in evaluation or use.**

Samples can be kept for up to 60 days. An extension for another 30 days can be requested. Please always return samples as soon as they are no longer needed. If your account needs an exception please contact Edith or Sali. **If samples are outstanding for longer than 90 days without prior approval, the sample account will go on hold and the rep might be charged for them. The total cost of the items on the sample account must not exceed \$30,000 or the sample account will also go on hold.**

Sali will email the sample account report to the rep / dealer periodically. The report can be requested from her at any time. Symmetry requires quarterly confirmation from reps / dealers that all items are accounted for.

Please feel free to email Sali Hagan at Sali.hagan@symmetryurgical.com and copy Samples@symmetryurgical.com at any time for matters regarding sample accounts.

SAMPLE, EVALUATION, & LITERATURE REQUEST FORMS:

PLEASE REVIEW AND REFER TO THE FORMS FOUND IN THE APPENDIX:

- a. Sample Request Form—Show and Tell Only
- b. Evaluation Request Form—Items That Can Be Used
- c. Literature Order Form

TIPS & TRICKS:

- The Part Tracker screen in Epicor indicates if a part number is in the library and/or in stock and available for trial or show.
- Keep an Excel file of the samples you are requesting for each account and the date you receive them.
- Set a reminder in your phone or in Outlook calendar to ensure samples are returned within the 60-day period or if a 30-day extension is requested.
- Email Sali at any time for your sample account report.

SAMPLES CARE & HANDLING

Please inspect/count your items upon receipt. If any item is missing notify us immediately.

You have 2 accounts, E is for show only items and L is for items that can be used in trials

Please note that Samples for Show Only must be returned exactly as they were sent out. If they are not returned in this manner we will invoice you and send them back to you or you can request a Bill Only from the hospital.

THEY MUST NOT BE:

- Washed
- Sterilized
- Used
- Damaged
- Scratched

We would encourage you to let the facility know that you are responsible for these items if anything happens to them.

Items from the library can be used for trial but they should still be returned the same way they were received to avoid further damage.

Any item that is received with tip protectors should be sent back with the protector on the item. Put each item back into the individual bag it was sent in.

Do not write on the labels or the boxes and do not apply labels to the boxes.

Please take care when packing instruments to ship back to us. Please pack in the same manner in which received. Be sure to use plenty of bubble wrap.

SELLING SAMPLES

Any sample either from new inventory or from the eval library can be sold (except for Sunoptic salesperson stock demo). New inventory items are to be sold at contract pricing. Eval library items can be sold at discounted pricing to be obtained from Edith Kent.

The bill only request form is to be filled out and emailed to Edith Kent. If the customer PO is more than \$1,500 a copy of the customer PO must be emailed together with the Bill Only request form. **Customer must not submit the Bill Only PO to customer service to avoid duplication of the order.**

QUOTE REQUEST & BILL ONLY TRANSFER FORMS:

PLEASE REVIEW AND REFER TO THE FORMS FOUND IN THE APPENDIX:

- d. Quote Request Form
- e. Bill Only Transfer Form

TIPS & TRICKS:

- Reiterate to the customer that the Bill Only PO must be sent to you to avoid duplicating the order.
- Contact Edith for discounts on items only from the library.

RETURNING SAMPLES

Request an RMA via email from Sali Hagan at Sali.hagan@symmetrysurgical.com and samples@symmetrysurgical.com. Either use the attached sample return form or email the item numbers and quantities and your sales rep acct number. The RMA will be emailed to you within 24 hours. Dealers are responsible for the return freight. The return freight for Symmetry Reps is covered. Please package the samples well to avoid damage during transit.

Items from new inventory that were for show only must be returned in the same condition they were received in and in the original packaging. Do not mark or write on the labels. If a “new” item has been damaged or sterilized, it will be returned to the rep / dealer and the rep / dealer will be charged for it.

Items from the library should also be in the packaging they were received in to avoid damage.

SAMPLE & EVALUATION RETURN FORMS:

PLEASE REVIEW AND REFER TO THE FORMS FOUND IN THE APPENDIX:

- f. Sample or Evaluation Return Form

TIPS & TRICKS:

- Keep all packaging the samples were sent in.
- Keep packing slip to ensure all items are being returned and/or have a Bill Only PO coming.
- Use bubble wrap to fill void space in box, so items don't move around.

DO



DON'T DO





2018 SAMPLES RECONCILIATION CHANGE

Beginning August 1, 2018, we will be implementing new guidelines for the Sample Program.

Our goal is to keep the accounts under \$30,000. This shouldn't affect many of you, most accounts are kept far under that figure.

Once your sample account reaches \$30,000, your account will go on hold.

If you have an emergency need and you are already at \$30,000, additional samples can go on your manager's account. **They will need to approve.**

If you have more than \$30,000 on your account now, please do whatever you can to reduce it by August 1st.

We are available for any questions you may have.

Edith Kent, edith.kent@symmetrysurgical.com

Sali Hagan, sali.hagan@symmetrysurgical.com

WARRANTY

WARRANTY INFORMATION:

- Lifetime on materials and workmanship
- 10 years on Stellite™ inserts in Classic Plus® scissors
- 5 years on Tungsten Carbide inserts in Classic Plus® needle holders and forceps
- 5 years unconditional on Classic® product line
- 1 year on Quad-Lock™ and FlashPak™
- Our products are warranted to be free from defects in workmanship or materials. Specific warranty periods and other warranty terms vary on our portfolio of more than 20,000 products. Specific warranty information may be included in package inserts or operator's manuals for specific products.

REPAIRS & RESTORATION

REPAIRS & RESTORATION:

- Full instrument restoration
- Complete cleaning and renovation to like-new condition
- Proactive repair of every component in your set
- Original replacement parts
- 24-hour turnaround by request for emergency repairs is available, but must be scheduled with Repair Department and noted on repair request form
- Free evaluations and quotes

TYPES OF SERVICES OFFERED:

- Repairs
- Restoration
- Insulation
- Ebonizing (on select instruments)
- Color Coding

SUBMITTING A REPAIR/RESTORATION REQUEST:

- Send email to repairs@symmetrysurgical.com including:
 - Customer ID
 - Catalog number and description of instrument needing to be repaired/restored
 - Description of what needs to be done. For repairs, provide a picture (if possible) showing the issue
 - Name and email address for the quote to be sent to if other than you
 - Customer's FedEx account number if it is an overnight request
 - A hard-copy PO is required for 24-hour repair requests

Note: Warranty repair requests for instruments other than Classic Plus[®], must be reviewed by Quality prior to repair or replacement. Request an RMA from complaint@symmetrysurgical.com.

SPECIALS PROCESS

We offer the ability to customize specific surgical instruments to best meet a surgeon's needs.

SPECIALS

- Only available in the U.S.
- Only former Codman codes can be customized
- 13-week lead time after receipt of order or date base code is expected to be back in stock
- Order quantity may impact cost (e.g. higher volume, lower cost)

COMMON REQUESTS:

- Lengthen or shorten an instrument
- Increase or decrease the cup size of a curette/rongeur
- Change the angle of the working end or handle of an instrument

COMMON REQUESTS THAT CANNOT BE MET:

- Modify an instrument that is not formally Codman
- Change the material (e.g. Stainless Steel to Titanium)
 - Performance testing is not available for the different material

SUBMITTING A REPAIR/RESTORATION REQUEST:

- Send email to karen.azevedo@symmetrysurgical.com including:
 - Customer ID
 - Base product catalog number for new requests or for repeat requests provide the Special Device Number (SPXXXXXXX)
 - Description of the requested modification
 - Order quantity requested
 - Name and email address for sales rep and/or customer

Note: Allow one week for quote turnaround.

MISCELLANEOUS FORMS & INFORMATION

EVALUATION FORMS:

PLEASE REVIEW AND REFER TO THE FORMS FOUND IN THE APPENDIX:

- g. Bookwalter® Ratchet Evaluation Form
- h. Symmetry Sharp Kerrison® Evaluation Form

LOAN AND SAMPLE AGREEMENT:

PLEASE REVIEW AND REFER TO THE FORMS FOUND IN THE APPENDIX:

- i. Loan and Sample Agreement

APPENDIX

- a. Samples Request Form – Show and Tell Only
- b. Evaluation Request Form – Items That Can Be Used
- c. Literature Request Form
- d. Quote Request Form
- e. Bill Only Transfer Form
- f. Sample or Eval Return Form
- g. Bookwalter® Ratchet Evaluation Form
- h. Symmetry Sharp Kerrison® Evaluation Form
- i. Loan and Sample Agreement

Sample Request Form


"SHOW AND TELL ONLY"

 3034 Owen Drive
 Antioch, TN 37013
 phone: (800)251-3000
 Fax: (615)883-9107

STEP 1: Request Sample
Date: _____

Need by: _____

Ship To:

Sales Rep: _____

Sales Rep Acct #: _____

Customer Acct# _____
Customer Name _____

SHIP:	Notes:
FEDEX GRD	no charge to rep
FEDEX 2-DAY	
FEDEX PL	
Hold for PU	

Qty	Item #	Item Description

***Confirmation receipt will be sent via email within 2 hours to the Sales Representative.*

STEP 2: Returning Samples

1. Complete the Sample Return Form, request an RMA and include the RMA with the items being returned to receive credit.
2. Items should be returned in the same condition as they were received and in their original packaging so you will not be charged.

STEP 3: Selling to Customer

1. Quote for the customer.
2. Receive the purchase order from the customer.
3. If the order is over \$1.5K an accompanying "hard copy" PO for product from the customer is required.
4. Complete the Bill Only Transfer Form.
5. Return Bill Only Transfer Form with copy of the Customer PO to Sample/Eval Coordinator .

Symmetry Surgical Sales Representatives may keep sample item(s) on account for a **maximum period of 60 days**. By the end of 60 days all item(s) must be returned to Symmetry in the same condition as received. If product is not returned within 60 days, or is returned damaged, Symmetry Surgical reserves the right to deduct the cost of said item(s) from the Symmetry Sales Representatives commission.

Note: Symmetry Sales Representative e-mail transmission of this form to samples@symmetrysurgical.com constitutes an electronic signature. Contacts: Edith (615-964-5527) with questions concerning samples and evaluations

Form must be complete and attached to carton being returned

Evaluation Request Form


ITEMS THAT CAN BE USED

 3034 Owen Drive
 Antioch, TN 37013
 phone: (800)251-3000
 Fax: (615)883-9107

STEP 1: Request Evaluation

Date: _____	Need by: _____	
Ship To: _____ _____ _____	Sales Rep: _____	
	Sales Rep Acct #: _____	
Customer Acct# _____	SHIP:	
Customer Name _____	FEDEX GRD	No charge to Rep
	FEDEX 2 DAY	
	FEDEX P1	
	Hold for PU	

Qty	Item #	Item Description	Rental Fee if applicable	

STEP 2: Returning Evaluation Samples

1. Complete the Sample Return Form, request an RMA and include the RMA with the items being returned in order to receive credit.
2. If items were used they must be sterilized before returning to Symmetry Surgical. A signature is required on the RMA, decontamination form, for acknowledgment that items have been sterilized.

STEP 3: Selling to Customer

1. Quote for the customer.
2. Receive the purchase order from the customer.
3. Complete the Bill Only Transfer Form.
4. Return Bill Only Transfer Form with copy of the Customer PO to Sample/Eval Coordinator.

Symmetry Surgical Sales Representatives may keep sample item(s) on account for a **maximum period of 60 days**. By the end of 60 days all item(s) must be returned to Symmetry in the same condition as received. If product is not returned within 60 days, or is returned damaged, Symmetry Surgical reserves the right to deduct the cost of said item(s) from the Symmetry Sales Representatives commission.

Note: Symmetry Sales Representative e-mail transmission of this form to samples@symmetrysurgical.com constitutes an electronic signature.
 Contacts: Edith (615-964-5527) with questions concerning samples and evaluations

Literature Order Form		
Ship To Address		
	Name/Company	
	Address	
	Address 2	
	City, State, Zip	
	Phone Number	
Is this a Residential Address? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Method of Shipment:		
Unless otherwise noted, your shipment will be sent ground. You will be charged for any expedited shipments.		
Literature #	Literature Name/Rev Number	QTY Requested
Symmetry Surgical Literature		
SM0004	Vision Retractor Brochure	
SM0006	Bookwalter Sales Sheet	
SM0012	FlashPak Sales Sheet	
SM0013	RapidClean Brochure	
SM0014	Micro Instrument Sales Sheet	
SM0018	Olsen BiPolar Forceps Sales Sheet	
SM0019	Quad Lock Brochure	
SM0023	Evolution Valve Sales Sheet	
SM0025	Bookwalter Self-Retaining Rotilt Ratchet	
SM0029	Classic & Classic Plus Instruments	
SM0030	RapidClean Glide Lock Instruments	
SM0031	Symmetry Sharp Kerrison with Thin Footplate	
SM0032	Bookwalter Magrina II Retractor System	
SM0033	Bookwalter III Retractor System	
SM0034	Bookwalter III Obese Patient Retractor System	
SM0035	Bookwalter Laparoscopic Support Kit	
SM0036	Bookwalter Anterior Lumbar Retractor System	
SM0038	Greenberg Retractor System	
SM0039	Karlin Magnum, PG Magnum and XL Magnum	
SM0041	Secto Dissectoras & Tonsil Sponges	
SM0042	Skin Markers	
SM0043	Vein Strippers	
SM0044	Towel Clamps	
SM0048	RapidClean Convertible Kerrison	
SM0049	FlashPak Poster	
SM0052	Ultra Reveal ACF Retractor System	

SM0053	Ultra Reveal Lumbar Retractor System	
SM0056	Olsen® Midas Touch Portfolio	
SM0057	About Symmetry Surgical Pamphlet	
SM0058	Symmetry Sharp Kerrison® VAC Pack	
SM0059	96 Series Lap	
SM0060	Symmetry® Vesocclude™	
SM0061	Symmetry® Olsen® Precision Single-Use Non-Stick Bipolar Forceps Brochure	
SM0062	Symmetry Access™ Low Profile Retractor	
SM0064	Symmetry® Vesolock™	
SM0065	Symmetry® Secto® Gauze Dissectors	
SM0066	Symmetry Sharp Kerrison® Reusable Tips	
SM0069	Symmetry® Vesocclude™ Cross Reference	
SM0070	VersaPak™ Bookwalter® Table Fixation, Blades and Accessories Trays	
SM0071	VersaPak™ Bookwalter® Magrina Tray	
SM0072	VersaPak™ Greenberg® Tray	
SM0073	VersaPak™ Vesolock® Trays	
Access Literature		
11015-00	Access Surgical Catalog	
12090-00	Access Sinus Catalog, Rev 1	
Riley Literature		
5051-00	Polyvac Catalog, Rev A	

Vesocclude Literature		
15-LB-00019-02	Vesocclude Brochure	
15-LB-00019-01	Vesocclude X-Ref	
A-001 Rev. 1	Mectra Kleppinger Bipolar Forceps Sales Sheet	
Microline Literature		
09-39-00052-00	Microline Visu-Loc Sales Sheet, Rev A	
09-39-00054-00	Microline M/L-10 Sales Brochure	
09-39-00054-00	Microline Gemini Clip Applier Sales Sheet, Rev B	
09-39-00061-00	Microline ReNew Sales Sheet, Rev A	
09-39-00078-00	Microline Lap Finger Sales Sheet, Rev A	
09-39-00068-00	Microline Trifold Renew	
09-39-42	Microline Tri-Fold Brochure, Rev A NEWEST	
09-39-43	Microline Bariatric Lap Kit Sales Sheet, Rev A	
09-39-44	Microline Control Tip Sales Sheet, Rev. A	
Sunoptics Literature		
SOLIT	Sunoptics Folder containing sales sheets	
Key Surgical Literature		
KEYCAT	Key Surgical Catalog	
Prime Medical Literature		
PRIMECAT2	Prime Medical Catalog	
AAR100-LIT	Prime Medical Universal Positioning Roll Sales Sheet	
LHP100-LIT	Prime Medical Lateral Positioning Pillow Sales Sheet	
STP100-LIT	Prime Medical Trendelenburg O.R. Table Pad Sales Sheet	
EcoZyme Literature		
ECOLIT	EcoZyme Sales Sheet	

Quote Request Form

CUSTOMER Name:

Account #:

Name of Sales Representative:

Set Name:

Date:

Would you like to see list?

Tier for non-contract items:

Growth-Rep Approval

Relationship-Rep & AVP

Commitment- AVP & VP

Line (please leave blank)

Part #

Expected Quantity

Bill Only Transfer Form


 3034 Owen Drive
 Antioch, TN 37013
 phone: (800)251-3000
 Fax: (615)883-9107

Date: _____

Customer Acct #: _____

Sales Rep: _____

Bill To: _____

Sales Rep Acct #: _____

Packing list # _____

(Pack ID) _____

Contact: _____

Customer P.O.: _____

**Attach copy of purchase order to the Bill Only Transfer Form if Bill Only is over \$1,500.00

Qty	Item #	Item Description	Unit Price

*Submit this form and purchase order to Service Operations via email to (samples@symmetrysurgical.com) for billing.

**Acknowledgement of receipt will be sent to the Sales Representative via email.

Note: Symmetry Sales Representative e-mail transmission of this form to samples@symmetrysurgical.com constitutes an electronic signature.

Contact: Fred (615-964-5527) with questions concerning Bill Only

Sample or Eval Return



3034 Owen Drive
Antioch, TN 37013

Sales Rep Name : _____

Sales Rep Acct#: _____

Note: *Sample Return product must be in original packaging and in same condition as received. Product samples (show only) received with any signs of wear will be returned to the Sales Representative and Sales Representative will be invoiced at that time.*

Qty	Item #	Item Description	Serial/Lot#	Packing list # (Pack ID)		

WHSE APPROVAL _____

QC APPROVAL _____

Form must be completed and emailed to samples@symmetrysurgical.com and Sali.Hagan@symmetrysurgical.com to request an RMA.
RMA form will be emailed to Sales Rep and must be included with the return shipment.
Decontamination Form (last page of the RMA) must be filled out and signed.



BOOKWALTER® RATCHET EVALUATION FORM

Surgeon Name _____ Date _____

Hospital _____ City _____

Procedure _____ Symmetry Representative _____

Product Name _____ Product Code _____

	Superior	Acceptable	Unacceptable
Blade Positioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retraction Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handle "feel"/ stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Design/Ease of Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Superior	Acceptable	Unacceptable
Overall Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If any of the above criteria were rated "Unacceptable", please explain.

Additional Comments

Surgeon's Signature _____

**SYMMETRY SHARP KERRISON® EVALUATION FORM**

SURGEON NAME: _____ DATE: _____

HOSPITAL: _____ PROCEDURE: _____

SYMMETRY REPRESENTATIVE: _____

CIRCLE ANSWER

CUTTING PERFORMANCE

ACCEPTABLE

UNACCEPTABLE

WOULD YOU CHOOSE TO
USE THIS PRODUCT AGAIN?

YES

NO

IF YOU ANSWERED "UNACCEPTABLE" OR "NO" TO ANY OF THE ABOVE, PLEASE
EXPLAIN.

ADDITIONAL COMMENTS:

SURGEON'S SIGNATURE: _____

LOAN AND SAMPLE AGREEMENT

This LOAN AND SAMPLE AGREEMENT ("the agreement") is dated as of _____, 20____ (the "Effective Date"), between Specialty Surgical Instrumentation, Inc. d/b/a Symmetry Surgical, Inc., a Tennessee corporation headquartered at 3034 Owen Dr. Antioch, TN 37013 (hereinafter "Symmetry"), and _____, an employee or distributor of Symmetry (hereinafter "Sales Professional"), for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged by both parties, do hereby each agree as follows.

1. Provision of Loaned Products. Symmetry, at its sole option, may from time to time provide various products, including instruments, cases, trays or other products that Symmetry sells or plans to sell or market (collectively the "Loaned Products") to Sales Professional for use in the course of Sales Professional's duties and responsibilities. A record of such Loaned Products shall be maintained by Symmetry. Symmetry may require the Sales Professional to sign a receipt for the Loaned Products. However, the absence of a signed receipt will not relieve the Sales Professional from responsibility for any Loaned Products actually received pursuant to the terms hereof.

2. Duties of Sales Professional. Sales Professional agrees to care for, safeguard and protect the Loaned Products and to maintain them in good working order, not sell them or give them to a third party, and not use them on a patient. At any time upon demand or, without demand upon termination of Sales Professional's employment or contract with Symmetry for any reason, Sales Professional shall return the Loaned Products to Symmetry, insured, via ground freight. If the Loaned Products are not returned within ten (10) days of the earlier of demand by Symmetry or termination of the Sales Professional's employment or contract (the "Return Date"), or not returned in good order and condition (normal wear and tear caused by customers excepted), then Sales Professional shall no longer have the right to return the Loaned Products and shall immediately be liable for and owe Symmetry for the cost of replacement of the Loaned Products, plus a fee of 15% for the cost of replacement. It will be no defense that Sales Professional placed the equipment with a potential customer, another Sales Professional, or any other third party. If Sales Professional desires to return the Loaned Products before demand or termination of employment or contract, then Sales Professional must obtain a return authorization number from Symmetry. Credit for any returned Loaned Products shall be given only upon actual receipt by Symmetry of the Loaned Products in good condition and working order.

Notwithstanding the foregoing, Sales Professional shall not be responsible for any Loaned Products that Sales Professional requests or obtains for use at trade shows, the national sales meeting or other events where the Sales Professional does not have control of the receipt, use and disposition of the Loaned Products.

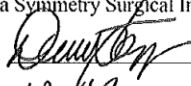
3. Right of Offset. In addition to any other remedies which Symmetry may elect to pursue, including actions for damages, it is expressly agreed that in the event that the Loaned Products are not returned on the Return Date, then Symmetry, at its sole option, may deduct or offset the value of the Loaned Products which have not been returned against any amounts due to Sales Professional either by way of salary, commissions, wages or any other obligations of Symmetry to Sales Professional. Sales Professional expressly consents to the offset of these sums, agrees to execute any and all further documents to enable such offset, and acknowledges that Symmetry may elect such other remedies as it may have to recover from the Sales Professional the deficiency balance, if any, remaining after any offset.

4. Entire Agreement. This Agreement is entered into by each of the parties without reliance upon any statement, representation, promise, inducement, or agreement not expressly contained within this Agreement. This Agreement constitutes the entire agreement between the parties and supersedes all prior oral or written agreements concerning the provision of Loaned Products, although does not amend or supplement any other agreement between the parties regarding any other topic unless specifically set forth herein.

5. Miscellaneous. This Agreement shall not be amended or modified except in writing signed by each of the parties affected by such amendment or modification. If any action at law or equity is necessary to enforce the terms of this Agreement, Symmetry shall be entitled to reasonable attorney's fees and costs in addition to any other relief to which it may be entitled. Symmetry and Sales Professional expressly agree that any dispute arising under this Agreement shall be governed by the laws of the State of Tennessee and shall be heard only by the state or federal courts serving Davidson county, Tennessee. Each of the parties waives the right to object, with respect to such suit, action or proceeding brought in any such court, that such court does not have jurisdiction over such party.

WHEREFORE, intending to be bound, the parties have executed this Agreement as of the date set forth above.

Specialty Surgical Instrumentation, Inc.
d/b/a Symmetry Surgical Inc.

By: 
Its: VP HR

Sales Professional

By: _____