



Medical Genomics Laboratory

New Institutional Account Request Form

New clients should complete this form and submit it to our billing office at the contact information provided below prior to submitting your first test order. Please note that all fields on this form are required. Upon review, you will be assigned an account number and extended a line of credit for testing ordered by your institution. For future test orders, please include your account number in the Institution Billing section of the requisition to ensure accurate billing.

Authorized Billing Contact Information

Contact Name

Contact Title

Department

PO# (if required)

E-mail

Phone

Fax

Billing Address

City

State

Postal
Code

Country

Billing Preferences

Preferred Method of
Invoice Receipt

Mail

Fax

E-mail

Please provide the fax or e-mail where the invoice should be sent if different than contact provided above.

Preferred method of payment	Credit Card
	Check/Money Order
	Wire Transfer

Do you require a copy of our W9 for payment?	Yes
	No

Please include any additional specifics regarding the case or special handling instructions below.
