INSTITUTIONAL ACCOUNT REQUEST FORM

New clients should complete this form and fax or email it to our billing office at (470) 378-2250 or eglis@egl-eurofins.com 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.

INSTITUTION NAME:___________________________________________________________________

Section 1 – Authorized Billing / Business Office Contact Information

<table>
<thead>
<tr>
<th>Contact Name:</th>
<th>Contact Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department:</td>
<td>PO# (if required):</td>
</tr>
<tr>
<td>Phone:</td>
<td>Fax:</td>
</tr>
<tr>
<td>Email:</td>
<td></td>
</tr>
<tr>
<td>Billing Address 1:</td>
<td></td>
</tr>
<tr>
<td>Billing Address 2:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Signature:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

Section 2 – Billing Options

- Preferred method of invoice receipt: [ ] Mail [ ] Fax [ ] Secure Email

- Fax or Email where invoice should be sent if different than in Section 1: ________________________________

- Preferred method of payment: [ ] Credit Card [ ] Check/Money Order [ ] Wire Transfer

- Copy of W9 required for payment: Yes [ ] No [ ]

- Comments:_________________________________________________________________________

Methods of Payment:

**Credit Card:**

Visa, MasterCard and Discover cards are accepted (NO AMEX)

**Check / Money Order:**

Payments should be made out to “EGL Genetic Diagnostics, LLC”

Dept.# 2612, PO Box 11407, Birmingham, AL 35246-2612

**Wire Transfer:**

Regions Bank
6200 Poplar Avenue
Memphis, TN 38119

**Beneficiary:** EGL Genetic Diagnostics, LLC

Account Number: 0197112984 Swift Number: UPNBUS44

Routing/ABA Number: 062005690 (For Wires Only)

For EGL Genetic Diagnostics Use Only

Pt ID#: ____________________ External ID#: ____________________ Account#: ____________________ Approved by: ____________________ Version EF SEP2015