INSTITUTIONAL ACCOUNT REQUEST FORM

New clients should complete this form and fax or email it to our billing office at (816) 251-0395 or eglbilling@viracor-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

| Contact Name: ______________________ | Contact Title: ____________________________ |
| Department: ______________________ | PO# (if required) ____________________________ |
| Phone: ______________________ | Fax: ______________________ | Email: __________________________________ |
| Billing Address 1: ________________________________________________ |
| Billing Address 2: ________________________________________________ |
| City: ______________________ | State: ______________________ | Zip Code: ______________________ | Country: ______________________ |
| Signature: ______________________ | Date: ______________________ |

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