INSTITUTIONAL ACCOUNT REQUEST FORM

New clients should complete this form and fax or email it to our billing office at (404) 778-8559 or egfbilling@emory.edu 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 ☐ 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)