

New Customer Information Form

This form must be completed and returned to set up your account at the Laboratory for Personalized Molecular Medicine[®] (LabPMM).

Please note that if any required information is missing, we will be unable to set up your account with LabPMM. Please state N/A for anything that is Not Applicable.

To avoid any typographical errors in handwriting translation, please complete the electronic version of this form. If you received a Fax version, please visit our website or email us at info@labpmm.com for an electronic version.

**Please complete
this form and return
to LabPMM by:**



Email
support@labpmm.com

or



Fax
(858) 224-6655

*Required Information

Billing Information		
Company/Institution*		
Department*		
Street 1*		
Street 2		
City*	State*	Zip*
Country*		
Contact Person's Name*		
Contact Person's Phone*		
Contact Person's Fax*		
Contact Person's Email		
EIN Number (Fed Tax ID)*		
Payment Method*	<input type="checkbox"/> Purchase Order	<input type="checkbox"/> Invoice <input type="checkbox"/> Other:

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Clinical Contact Information			Please indicate a contact for LabPMM in case there is uncertainty on the testing requisition as to who reports should be sent or for other questions. For hospitals it is suggested that the referred testing or send-out lab information be provided. For individual practices the practice manager is the usual contact.		
Company/Institution*					
Department*					
Street 1*					
Street 2					
City*		State*		Zip*	
Country*					
Recipient's Name*					
Recipient's Phone*					
Recipient's Fax					
Recipient's Email					

Additional Information or Requirements

As an authorized member of the above institution/company and I have accurately provided all of the required information.	
Name*	
Title*	
Signature*	Date*