



New Customer Information Form

Dear Valued Customer,

Thank you for your inquiry or recent order. Before we can process your first order, we need some information to set up your account at the Laboratory for Personalized Molecular Medicine (LabPMM™). Please provide us with the requested information detailed below. We would like to obtain all of the information requested, but only the **Bolded Information is required**. Please note that if any bolded 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 Email or FAX the **COMPLETED AND SIGNED** form to LabPMM™ at 858-224-6655 at your earliest convenience.

Thank you for your business.
Sincerely,
Laboratory for Personalized Molecular Medicine™

Billing Information:

Company/Institution	
Department	
Street 1	
Street 2	
City	
State	
Zip Code	
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:

Clinical Contact Information¹:

Company/Institution	
Department	
Street 1	
Street 2	
City	
State	
Zip Code	
Recipient's Name	
Recipient's Phone	
Recipient's Fax	
Recipient's Email	

Note¹: 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.

Additional Information or Requirements:

Please list any 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: _____