



## INSTITUTIONAL/HOSPITAL/CLINIC ACCOUNT REQUEST FORM

New clients from institutions, hospitals or clinics must complete this form and fax or email it to CEN4GEN at 1-587-329-9566 or [accounts@cen4gen.org](mailto:accounts@cen4gen.org) prior to submitting your first test order. Please note that all fields on this form are required and must be printed clearly. Upon review, you will be assigned an account number. For future test orders, please include your account number in the Institution Billing section of the test requisition to ensure accurate billing.

**INSTITUTION/HOSPITAL/CLINIC NAME:** \_\_\_\_\_

### Section 1 – Authorized Billing/Business Office Contact Information

Contact Name: \_\_\_\_\_ Contact Title: \_\_\_\_\_

Department: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Billing Address 1: \_\_\_\_\_

Billing Address 2: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Country: \_\_\_\_\_

Postal Code/Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (MM/DD/YY)

### Section 2 – Billing Options

Preferred method of invoice receipt:  Fax  Email

Fax or Email where invoice should be sent if different than in Section 1: \_\_\_\_\_