



GENERAL INFORMATION

New clients are required to complete this form and fax to (617) 553-5842 or email to clientservices@claritasgenomics.com prior to submitting the first test order. Following registration, the institution will be assigned a Client Code. Please include this code on the test requisition to ensure accurate and timely billing. Tests will be billed as indicated on the Requisition Form.

INSTITUTIONAL INFORMATION

Institution/Practice Name _____

Mailing Address _____

City _____ State ____ Country _____ Zip Code _____ Time Zone _____

Phone _(____) _____ Fax _(____) _____

INSTITUTIONAL BILL ACCOUNTS

All fields in this section are required for institutional bill account set-up.

PRIMARY CONTACT FOR BILLING (submitting invoices, obtaining POs, billing questions)

First Name _____ Last Name _____

Department _____

City _____ State ____ Country _____ Zip Code _____ Time Zone _____

Phone _(____) _____ Fax _(____) _____

Email address to submit invoices (if available) _____

Additional Required Billing Information

Does your institution require a PO in order to invoice? Yes No

Is Claritas Genomics required to be set up as a vendor at your institution? Yes No

If Yes, please email all applicable paperwork and instructions to clientservices@claritasgenomics.com or fax them to 617-553-5842.

Is your institution tax exempt? Yes No

If Yes, please include any tax exemption documentation when returning this form to Claritas.

