



PGS New Account Set-Up Form

Please email this completed form to: clientservices@combimatrix.com

Account Information

Facility Name _____

Contact First Name _____ Last Name _____

Street 1 _____

Street 2 _____

City _____ State _____ Zip Code _____

Country _____ Email _____

Phone _____ Fax (all reports are automatically faxed to this number) _____

Please provide name and phone number of whom to call for questions regarding samples:

Name _____ Phone Number _____

Shipping Address

Check box if the Shipping Address is the same as the Account Information

First Name _____ Last Name _____

Street 1 _____

Street 2 _____

City _____ State _____ Zip Code _____

Billing Information

Direct Bill Self Pay Patients

Clinic to obtain payment and patient consent prior to sample arrival

CombiMatrix to obtain payment and patient consent prior to sample arrival

Billing address must be provided for Client Bill Accounts

Check box if the Billing Information is the same as the Account Information

Billing Contact: First Name _____ Last Name _____

Title _____

Street 1 _____

Street 2 _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Physician Contact Information

Physician Name _____

Email _____

Phone Number _____

NPI Number _____

Physician Name _____

Email _____

Phone Number _____

NPI Number _____

Physician Name _____

Email _____

Phone Number _____

NPI Number _____

Physician Name _____

Email _____

Phone Number _____

NPI Number _____

Special Handling Requests

List any special requests or client specific instructions in the box below.