

## INSTITUTIONAL AGREEMENT FORM

Institution accounts may be established for referring Clinics, Hospitals, Reference Labs, and/or Physicians. Please complete this form and e-mail or fax to our business office at 713-798-4187. Upon approval, you will be assigned an account ID and itemized monthly invoicing will be established. Please include the assigned account ID on specimen requisition forms to ensure accurate billing, and initiate sample processing. The fields below are required information.

### INSTITUTION INFORMATION

Institution Name

Department/Division

Authorized Agent

Email

Phone

Fax

Billing Address

City

State

Zip

Signature

/ /  
Date (MM / DD / YYYY)

Payment Term

NOTE: Any extension to the payment term requires a laboratory service agreement.

International clients must prepay individual samples, or establish a high volume institution account with a monthly credit card payment option. The account is approved when the credit card information is validated. An e-mail address is required to establish an institution account.

### PAYMENT OPTIONS

CREDIT CARD (PLEASE SELECT ONE):

AMEX  DISCOVER  MC  VISA

Valid Card #

Expiration Date (MM / YY)

CVC Code

Billing Address

City

State

Zip

Cardholder Printed Name

Cardholder Signature

CHECK/MONEY ORDER PAYABLE TO:

2450 Holcombe Blvd, 0.104  
Houston, TX 77021-2039

WIRE TRANSFER

Institution Account ID (assigned by BMGL Business Office):