GENOMIC™ TESTING COOPERATIVE

Genomic Testing Cooperative, LCA
175 Technology Dr, Suite 100, Irvine, CA 92618
Tel: 1-949-540-9421 | Fax: 1-949-301-9719
Toll-Free: 1-866-484-8870

CLIA # 05D2111917 CAP # 9441574
Laboratory Director: Maher Albitar, MD
genomictestingcooperative.com

ACCOUNT SET-UP FORM

Client Information

Client Name:

(Practice Name, Laboratory Name or Physician)

Client Name 2:

Address 1:

Address 2: (optional)

City: State: Zip:

Primary Contact:

Secondary Contact:

Phone: Fax:

E-mail: Secondary Phone:

Billing Preference (select one)

☐ **Direct Client Bill Preferred:**

A/P Contact Name:

Billing Phone:

Billing e-mail:

☐ **Patient Insurance Billing Preferred:**

Office Contact name:

Office Phone:

Office e-mail:

Client Reports to be Received by

☐ Electronic (e-mail)*:

☐ Fax Number:

Report copy(s) to:

* note: minimum of one person must be granted access to the GTC LIS

Client's Authorized Ordering Physician Details

Physician Name

Address 1:

Address 2: (optional)

City: State: Zip:

Phone: Fax:

E-mail: Secondary Phone:

License Number Type:

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Additional Client's Authorized Ordering Physician Details

Physician Name			
Address 1:			
Address 2:	(optional)		
City:		State:	Zip:
Phone:		Fax:	
E-mail:		Secondary Phone:	
License Number		Type:	

Special Instructions