



63 Zillicoa Street
 Asheville, NC 28801-USA
 T: 828.253.0621 / 800.522.4762
 F: 828.252.9303
 www.gdx.net

Client Information Form

* Required Fields

Practice Details

First & Last Name* _____

Highest Degree(s)* _____

Clinic or Office Name _____

Phone Number (Including Country Code)* _____

Fax Number _____

Email Address* _____

How did you learn about Genova Diagnostics?*

Office Contact

Name / Title _____

Email Address _____

Shipping Address

Collections packs will be sent to this address. Please abbreviate your answers to a limit of 35 characters per line.

Address 1* _____

Address 2 _____

City* _____

State/Province* _____

Postal/Zip Code* _____ Country* _____

Billing Address*

(If different from your shipping address)

Please abbreviate your answers to a limit of 35 characters per line.

Address 1* _____

Address 2 _____

City* _____

State/Province* _____

Postal/Zip Code* _____ Country* _____



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Payment Information

Note: Balance in full must be received by the laboratory within 30 days of the statement date.

Please select ONE of the following options:

- Remit payment in US funds within 30 days of the statement date
- Include payment, in US funds, with the collection pack when it is sent to the lab for services

You will receive a welcome email upon confirmation of your account. This email will explain how to add a credit card on file, and will provide details to send a bank wire transfer to Genova Diagnostics.

Terms & Conditions*

- I accept the [Terms & Conditions](#) and [Privacy Policy](#) agreement found at the bottom of Genova's website

Signature _____ Date _____