



BioMérieux Account Number _____

This information will help us meet your needs and is required prior to processing your first sample. Please complete a separate form per location. In addition to the digitally signed copy of the Certificate of Analysis (COA), the primary contact will also receive a manually signed copy of the COA via email. The secondary contact(s) can submit samples and optionally receive results via phone, email with no signature.

All contacts must be able to accept lab confidential results

PRIMARY CONTACT LISTING

Mr. _____ Ms. _____ Dr. _____

Name _____

Title _____ Company Name _____

Email _____

Phone/Ext _____ Cell Number _____

Mailing Address _____

City/State/Zip _____

Shipping Address _____

City/State/Zip _____

SECONDARY CONTACT LISTING

Mr. _____ Ms. _____ Dr. _____

Name _____

Title _____

Email _____

Phone/Ext _____

Contact Permissions

- Submit Samples
- Discuss results via phone
- Receive results via email

Mr. _____ Ms. _____ Dr. _____

Name _____

Title _____

Email _____

Phone/Ext _____

Contact Permissions

- Submit Samples
- Discuss results via phone
- Receive results via email

Mr. _____ Ms. _____ Dr. _____

Name _____

Title _____

Email _____

Phone/Ext _____

Contact Permissions

- Submit Samples
- Discuss results via phone
- Receive results via email

