



Account Information

Institution / Clinic Name

Group/Facility NPI #

Ordering Provider

Title

Provider NPI #

Mailing Address (for hard copies of reports)

City

State

Zip Code

Phone Number

Fax Number

E-mail Address (required for portal access)

Additional Provider or Genetic Counselor to be copied on results

Additional Provider or Genetic Counselor E-mail Address or Fax #

Primary Clinic Contact (if different than provider)

Title

Primary Clinic Contact E-mail Address (required for portal access)

Primary Clinic Contact Phone Number

Primary Clinic Contact Fax Number

Sales Rep Name

Sales Rep E-mail

Date

Sales Distributor Group

Sales Rep/Distributor - Please be sure to create this account in the **IntelligeneCGSM** Engage Portal and submit it for approval. Please upload a copy of this completed form to the sales portal and also e-mail the completed form to sales@intelligene-cg.com.