BCM
Baylor College of Medicine

MEDICAL GENETICS LABORATORIES

P. O. Box 4832 • Houston, TX 77210-4832 • 713-798-5849
Fax: 713-798-4187 • www.bcmgeneticlabs.org • kims@bcm.edu

INSTITUTION 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 Name: _____

Department or Division: _____

Authorized Agent: _____

E-mail: _____

Phone: (_____) _____ FAX: (_____) _____

Signature: _____

Billing Address: _____

City, State, Zip: _____

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 (select one):

☐ Credit Card (circle one): AMEX Discover MC VISA

Account #: _____ Exp date (mm/yy): ____/____ **CVC Code:** _____

Cardholder name: _____

Cardholder signature: _____

☐ Check or money order payable to:

Medical Genetics Laboratories
P.O. Box 4832
Houston, TX 77210-4832

☐ Wire transfer bank information:

JP Morgan Chase Bank
713-216-0404
Swift Code: CHASUS33
Account #: 30100015903
ABA #: 113000609
Reference: Medical Genetic Labs

Institution Account ID (assigned by MGL Business Office): _____