10222 Barnes Canyon Road, Building 1 | San Diego, CA 92121
Phone: 858.224.6650 | Fax: 858.224.6655 | www.invivoscribe.com/clinical-services
M-0152 Rev02 April 2025

LabPMM® an invivoscribe company

New Customer Information Form

This form must be completed and returned to set up your account at the Laboratory for Personalized Molecular Medicine® (LabPMM).

Please complete this form by: Email support@labpmm.com or Fax 858.224.6655

Important Notice: LabPMM is not enrolled in the Medicare program and is unable to bill Medicare (or Medicare supplemental insurance) for any laboratory tests, including those that meet the Medicare criteria set forth in the "Laboratory Date of Service for Clinical Laboratory and Pathology Specimens" regulation (42 CFR Section 414.510(b)(5).

By submitting this New Customer Information Form, the ordering entity represents and warrants that the specimen is not for a Medicare patient and acknowledges and agrees that LabPMM will not refund any payment made to LabPMM in the event the entity submits a Medicare patient specimen in error.

Billing Information

Company/Institution*			
Department*			
Street 1*			
Street 2			
City*		State*	Zip*
Country*			
Contact Person's Name*			
Contact Person's Phone*			
Contact Person's Fax*			
Contact Person's Email*			
EIN Number (Fed Tax ID)*			
Payment Method*	☐ ACH	☐ WT	☐ Credit Card (2)
Purchase Order *(1)	☐ Yes _____		☐ No

Terms: Net 30 days subject to change at the discretion of LabPMM

(1) Additioinal information may be required

(2) There may be a 3% additional processing fee.

*Required information

Please continue to page 02 →

Clinical Contact Information

Please indicate a contact for LabPMM in case there is uncertainty on the testing requisition as to who reports should be sent or for other questions. For hospitals it is suggested that the referred testing or send-out lab information be provided. For individual practices the practice manager is the usual contact.

Company/Institution*		
Department*		
Street 1*		
Street 2		
City*	State*	Zip*
Country*		
Recipient's Name*		
Recipient's Phone*		
Recipient's Fax		
Recipient's Email*		
Second Recipient's Name		
Second Recipient's Phone		
Second Recipient's Email		

Additional Information or Requirements

As an authorized member of the above institution/company and I have accurately provided all of the required information.

Name*	
Title*	
Signature*	Date*