

DIRECT ACCOUNT INFORMATION

Laboratory Information			
Contact Name:		Title:	
Lab Address:			
Phone:	Fax:	Email:	
Contact Name:		Title:	
Phone:	Fax:	Email:	
General Phone # for Missing information: le: DOB, Collection Date, etc.		Phone:	
Main Fax Results #:			
Additional Results Fax #:			
Additional Results Fax #:			

Purchasing Information			
Contact Name:		Title:	
Phone:	Fax:	Email:	
Purchase Order # Required	Yes:	No:	PO#

Accounts Payable Information			
Contact Name:		Title:	
Phone:	Fax:	Email:	
Billing Address:			
Contact Name on Invoice:			
How do you Prefer submission of invoice:	Mailed:	Faxed:	Email:
Approves Invoice:			

ViraCor Internal Use Only	
Account Name: _____	Sales Territory: _____
Account Executive: _____	Acct. #: _____
Notes: _____	

Contact the ViraCor Billing Department for questions at 1-800-305-5198. Fax completed form to Billing Department at: 816-347-0143