



GenPath Scientific Proposal Customization Form

Please help us better understand the needs and volume requirements of your lab so we may better customize a proposal for success. Save Time – Save Money – Buy Local!

Ref Lab POL Lab New Lab

KYC - ACCOUNT INFORMATION

Name of Laboratory: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Primary Contact: _____

Title: _____

Direct Line: _____

E-Mail: _____

LABORATORY INFORMATION

Make and Model of qPCR Instrument(s):

Number of each Model:

Size of Block (96 or 384):

Current Monthly Volume:

Anticipated Monthly Volume in:

RPP: _____
3 Months 6 Months 9 Months. 12 Months

UTI: _____
3 Months 6 Months 9 Months. 12 Months

Wound: _____
3 Months 6 Months 9 Months. 12 Months

GI: _____
3 Months 6 Months 9 Months. 12 Months

STI. _____
3 Months 6 Months 9 Months. 12 Months

Please indicate any custom panel content desired:

BILLING INFORMATION

Billing Contact: _____

Phone: _____

E-mail: _____

Payment type:

Credit/Debit Wire Transfer Other: