Client Registration Form

Zepto Life Technology, Inc.

EMAIL COMPLETED FORM TO:
info.clialab@zeptolife.com

Laboratory Contact Information

Facility Name		
Address		
City	**State**	**Zip**
Lab Phone ( )	**Lab Email**	
Primary Contact Name	**Job Title**	
Contact Phone ( )	**Contact Email**	

Result Information

Preferred result method (Default is email) ☐ Email ☐ Fax ☐ Fax & Email	**Result Fax** ( )	**Result Email**

To ensure confidentiality, results will only be sent to the contact method listed above or to the ordering physician. Invoices will be sent to the ordering facility. WE DO NOT BILL INSURANCE.

Billing Information

Contact Name	**Job Title**	
Billing Address		
City	**State**	**Zip**
Contact Phone ( )	**Contact Email**	
Is a Purchase Order required for payment? ☐ YES ☐ NO		

All new client registrations require a signature by a representative of the client who in signing agrees and guarantees payment. A signed form must be on file before tests can be resulted.

Signature	**Printed Name**	**Date**

FOR ZEPTO LIFE USE ONLY	
Client Account Number	Customer ID
Established by	Date

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