



MEDICAL CENTRE REGISTRATION FORM

Needed for invoicing and sending the final reports
(to be filled-out only once when sending the first genetic sample)

<p>Invoice data (legal name of the company or medical practice)</p>	
<p>VAT (including country code for EU VAT numbers)</p>	
<p>Tax code (where applicable)</p>	
<p>Legal address (street, city, post code, country)</p>	
<p>Email address to receive the courtesy invoice:</p>	
<p>Electronic invoicing code:</p>	
<p>Administrative contact: name, telephone</p>	
<p>Email address to receive the notification that the report is ready to download, including the access code to access the portal www.tomalab.com</p>	

Date:

Signed: