



Submission Form
*Include with samples to be tested by
TranscriptionPath, FactorPath or Methylated DNA*

PAGE 1 of 2

Please provide ALL requested information (you may complete form electronically and then print). Be sure to include your Purchase Order Number below. Also, either send a copy of your Purchase Order with this form or fax separately to Genpathway. Include your Quote Number below, if applicable. If any questions arise, we will contact you by email (primary) or fax (secondary).

Client Information	
Company/Institution:	
Investigator Name:	
Purchase Order No.:	Quote No.:
Date Submitted:	
Mailing Address:	
City, State, Zipcode:	
Telephone:	Fax:
Email Address:	

Billing information is required before any samples can be tested.

Billing Information	
Contact Name:	
Billing Address:	
City, State, Zip code:	

Indicate the person to receive the results of testing. If same as the Investigator above, simply indicate. The Report will be sent electronically by email to the person named below. Indicate if a hard copy is also requested, and the address to which it should be mailed.

Person to receive results of testing (Indicate if same as Investigator above)	
Name:	
Email Address:	Hard copy requested?
Mailing Address:	
City, State, Zip code	

SHIPPING INSTRUCTIONS: Samples should be shipped overnight for morning delivery on dry ice using a suitable common carrier. Do not ship over a weekend or for Saturday delivery unless prior arrangements with Genpathway have been made.

Please use the following contact information and address for all shipments:

Genpathway, Inc.
6310 Nancy Ridge Drive, Ste 102
San Diego, CA 92121-3209
Attention: Mary Harper
858-457-3250

