

Payment Information

(Please fax form to +49 541 80019905 or send as PDF or image attachment to info@diagenos.com)
Please type all information in the table. Handwritten text is often hard to read and may cause problems in sample tracking.

Quote #		Requested Test(s) (gene(s))	
Name of patient*		DOB of patient*	
Contact Person*		Institution/ Company Name*	
Contact Telephone *		E-mail*	
Price agreement		Invoice address (if different from Institution/Company name)	
Type of sample (e.g., DNA, blood or tissue)		Comment	
Billing Information*			
Payment Method: <input type="checkbox"/> Credit card <input type="checkbox"/> Cheque <input type="checkbox"/> Bank Wire Transfer (invoice) (Please check one)			
Credit Card Number	Expiration Date	Name Appear on Card	Card Security code
Card holder's Street Address		Zip Code / City	State / Country
Signature			
Date (mm/dd/yyyy)			
PO #	Contact Person	Tel. Number	Fax Number
A/C Payable address:	A/C Payable Email:	A/C Payable Tel. Number	A/C Payable Fax No.
Bank wire transfer instruction:			
Account Name:	Dr. A. Gencik		
IBAN:	DE41300606010002953749		
Swift-BIC Code:	DAAEDED		
Bank Adress:	Deutsche Apotheker und Aerztebank An der Blankenburg 64 - 49076 Osnabrueck - Germany		

* (your project will be significantly delayed without giving valid information here !!!)