

# Account Setup Form

**RETURN TO:** Delve Bio, Inc.  
 Customer Support  
 support@delve.bio  
 Fax: 1-866-271-2566

Please complete all information requested below. Missing information may cause a delay in processing. For any questions, please contact Delve Bio's Customer Support team via e-mail at [support@delve.bio](mailto:support@delve.bio) or phone at 844-221-7423.

## A - CORPORATE/INSTITUTION INFORMATION Note: Asterisks (\*) denote required fields.

* Name:	
* Contact Phone Number:	
* Address:	
Institution Type:	Academic   Childrens   Government   Network   Public Health   Reference   Regional   Specialty

## B - LABORATORY INFORMATION Note: Asterisks (\*) denote required fields.

Name:			
* Fax Number: (for results receipt)			
* Email: (for results receipt)			
<p><b>I confirm the fax number and email address above is secure and complies with the Health Insurance Portability and Accountability Act (HIPAA) regulations regarding Protected Health Information (PHI). Delve Bio, Inc. is authorized to send PHI to this fax and email destination using an appropriate cover sheet.</b></p>			
* Address (for receiving kit shipments):			
* Primary Contact Information: (for sample and results notifications)	Name: Phone:	Title/Role: Email:	
Additional Contact Information: (for sample and results notifications)	Name: Email:	Name: Email:	

## C - ORDERING PHYSICIAN INFORMATION

### ORDERING PROVIDER #1

Name:	
NPI Number:	
Specialty:	
Email:	
Phone:	
<p>I confirm this provider has prescriptive authority in the state in which they will be prescribing the Delve Detect CSF Test.</p>	

### ORDERING PROVIDER #2

Name:	
NPI Number:	
Specialty:	
Email:	
Phone:	
<p>I confirm this provider has prescriptive authority in the state in which they will be prescribing the Delve Detect CSF Test.</p>	

By submitting an order through Delve Bio, the authorized provider attests that the test(s) being ordered has been determined to be medically necessary for the patient, certify that the results of this test will inform the patient's ongoing treatment plan, and certify that the test has been ordered by an authorized healthcare provider. The nature and purpose of the test(s) to be performed have been explained to the patient and informed consent has been obtained, to the extent required under applicable law, to permit Delve Bio, or any laboratory with which Delve Bio has contracted, to (a) perform the test(s) specified herein, (b) analyze and report on other genetic information generated during the testing process or conduct additional analyses of the patient's sample for future diagnostic or monitoring use, (c) retain the test results and tissues, cells, and genetic material, including DNA and RNA information generated during the testing process, for an indefinite period for internal quality assurance/operations purposes and/or product improvement, (d) remove information that directly identifies the patient from the test results, tissues, cells, and genetic material, including DNA and RNA information generated during the testing process, and use or disclose such information and materials for future unspecified research or other purposes, (e) release the test results and related patient information to the patient's authorized healthcare provider, (f) may release results directly to the patient, if requested by the patient, in accordance with applicable state law and/or regulations under the laws of my state and/or regulations, and (g) Delve Bio may be required to report data and results with local public health authorities, as determined by local state and federal laws

## Billing Setup Form

**RETURN TO:** Delve Bio, Inc.  
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support@delve.bio  
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### A - GENERAL INFORMATION Note: Asterisks (\*) denote required fields.

* Corporate Name:			
* Bill to Entity:			
* Billing Address:			
* Billing Contact Information:	Name: Email:	Phone Number: Fax Number:	
* Account Payable Contact:	Check if same as Billing Contact Name: Invoice Email:	Phone Number:	
Client Relationship Representative:	Name: Email:	Phone Number:	
* Invoice Payment Method:	ACH   Wire   Check		

### B - BUSINESS INFORMATION

Tax Status:	Taxable Exempt ( <b><i>If Exempt</i></b> , organization <b><i>must</i></b> provide a tax exemption certificate for all "ship to" states) Standard Pay Terms <b>NET 30</b> Any deviation from Net 30 pay terms <b>MUST</b> be reviewed with Delve's Finance Teams for approval.
Is the facility a "Teaching Hospital?"	Yes   No

Please ensure a W-9 and tax exemption certificate (if exempt from sales tax) is submitted with this form. A new account may not be completed until this information is provided.