



New Account Information

(Completed Form Required for Each Practice / Office Location)

Date: _____ Clinic / Practice Name: _____ Multi-Office Clinic

Clinic Specialty: ENT Geriatric Medicine Hospice Hospital OB/GYN Wound Care Podiatry

Pediatrician Family Medicine Internal Medicine Urology Gastro Primary Care

Other: _____

Street Address: _____ Suite: _____

City: _____ State: _____ Zip: _____ Time Zone: EST MST CST PST

Phone Number: _____ Secure Fax: _____

Secure Clinic Email: _____

Lab Portal Username: _____ Lab Portal Password: _____

Contact 1: _____ Position: _____ Direct Phone #: _____

Contact 2: _____ Position: _____ Direct Phone #: _____

Physician: _____ NPI#: _____

Physician: _____ NPI#: _____

Physician: _____ NPI#: _____

Physician: _____ NPI#: _____

Report Delivery Preference: Fax Encrypted Email Online Portal Days Open (circle): Mon Tue Wed Thu Fri Sat Sun

Panels Interested In: Respiratory Respiratory Plus Urinary Tract Infection w/ ABX Wound Infection w/ ABX Sexually Transmitted Infection Vaginitis Gastrointestinal Antibiotic Resistance Toxicology Antibiotic Sensitivity Testing

Physician Signature: _____

Internal Use Only

Account #: _____ Start Date: _____ Sales Rep: _____

Account Manager: _____

Checklist of Items Left:

Lab Requisition Forms: PCR: _____ TOX: _____

Specimen Swabs: Regular: _____ Pernalal: _____

Specimen Bags: _____

Collection Cups/Vacutainer: PCR: _____ TOX: _____

Sanitary Wipes: PCR: _____ TOX: _____

Client Services Manual: PCR: _____ TOX: _____

FedEx Shipping Supplies: _____

Box

Shipping Schedule:

FedEx Courier

Daily - Pick-up Time _____

~ OR ~

Call FedEx as Needed (Monday-Friday Only)

Monday Tuesday Wednesday

Thursday Friday