



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: COVID-19 Only COVID Respiratory Lite COVID Respiratory COVID Respiratory Plus STI
UTI w/ ABX Gastrointestinal Wound/Infection w/ ABX Vaginitis Antibiotic Resistance (ABX)
UTI Plus CMV Candida 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: _____	Pernasal: _____
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	Saturday	Sunday	