



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 CST
MST 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
UTI w/ ABX Gastrointestinal Wound/Infection w/ ABX Vaginitis Antibiotic Resistance (ABX)
UTI Plus Fungal Infection Candida Toxicology Antibiotic Sensitivity Testing
STI UK Variant B.1.1.7

Physician Signature: _____

Internal Use Only Account #: _____ Start Date: _____ Sales Rep: _____
Account Manager: _____

Checklist of Items Left:	Shipping Schedule:
Lab Requisition Forms: PCR: _____ TOX: _____	FedEx Courier
Specimen Swabs: Regular: _____ Pernalal: _____	Daily - Pick-up Time _____
Specimen Bags: _____	~ OR ~
Collection Cups/Vacutainer: PCR: _____ TOX: _____	Call FedEx as Needed (Monday-Friday Only)
Sanitary Wipes: PCR: _____ TOX: _____	Monday Tuesday Wednesday Thursday
Client Services Manual: PCR: _____ TOX: _____	Friday Saturday Sunday
FedEx Shipping Supplies: _____	
Box	