

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: \_\_\_\_\_ Direct Phone #: \_\_\_\_\_

Contact 2: \_\_\_\_\_ Position: \_\_\_\_\_ Direct Phone #: \_\_\_\_\_

Physician: \_\_\_\_\_ NPI#: \_\_\_\_\_

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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 Lite  Gastrointestinal  Wound/Derm w/ ABX  Vaginitis  Antibiotic Resistance (ABX)  
 STI  Fungal Infection  Candida  Antibiotic Sensitivity Testing  
 CT/NG/TV

Physician Signature: \_\_\_\_\_

**Internal Use Only** Sales Rep: \_\_\_\_\_  
Account #: \_\_\_\_\_ Start Date: \_\_\_\_\_ Account Manager: \_\_\_\_\_

**Checklist of Items Left:** **Shipping Schedule:**

Lab Requisition Forms: PCR: \_\_\_\_\_ TOX: \_\_\_\_\_  UPS  Courier  
 Specimen Swabs: Regular: \_\_\_\_\_ Pernal: \_\_\_\_\_  Daily - Pick-up Time \_\_\_\_\_  
 Specimen Bags: \_\_\_\_\_ **- OR -**  
 Collection Cups/Vacutainer: PCR: \_\_\_\_\_ TOX: \_\_\_\_\_  Call UPS as Needed (Monday-Friday Only)  
 Sanitary Wipes: PCR: \_\_\_\_\_ TOX: \_\_\_\_\_  Monday  Tuesday  Wednesday  Thursday  
 Client Services Manual: PCR: \_\_\_\_\_ TOX: \_\_\_\_\_  Friday  Saturday  Sunday  
 UPS Shipping Supplies: \_\_\_\_\_