Assurance Scientific Laboratories

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:
☐ UTI w/ ABX ☐ UTI Plus ☐ STI
☐ COVID-19 Only ☐ Gastrointestinal ☐ Fungal Infection ☐ UK Variant B.1.1.7
☐ COVID Respiratory Lite ☐ Wound/Derm w/ ABX ☐ Candida
☐ COVID Respiratory ☐ Vaginitis ☐ Toxicology
☐ COVID Respiratory Plus ☐ Antibiotic Resistance (ABX) ☐ 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