

CLIA#: 01-D20774949

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#: _____

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/Derm 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: _____
- Specimen Swabs: Regular: _____ Pernal: _____
- Specimen Bags: _____
- Collection Cups/Vacutainer: PCR: _____ TOX: _____
- Sanitary Wipes: PCR: _____ TOX: _____
- Client Services Manual: PCR: _____ TOX: _____
- FedEx Shipping Supplies: _____
- Box

- FedEx Courier
- Daily – Pick-up Time _____
- OR –
- Call FedEx as Needed (Monday-Friday Only)
- Monday Tuesday Wednesday Thursday
- Friday Saturday Sunday