

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 Antibiotic Sensitivity Testing
 STI UK Variant B.1.1.7

Physician Signature: _____

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

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

Lab Requisition Forms: PCR: _____ TOX: _____ FedEx Courier
 Specimen Swabs: Regular: _____ Pernal: _____ 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: _____