

Clinic / Practice Name: _____

Clinic Specialty: Internal Medicine Family Practice Pediatrics OB/GYN Other: _____

Street Address: _____ Suite: _____

City: _____ State: _____ Zip: _____ Time Zone: EST CST
 MST PST

Phone Number: _____ Secure Fax: _____

Contact 1: _____ Position: _____ Email: _____

Contact 2: _____ Position: _____ Email: _____

Billing Contact: _____ Phone: _____ Email: _____

Laboratory Director: _____ Phone: _____ Email: _____

Physician: _____ Physician: _____

Physician: _____ Physician: _____

Physician: _____ Physician: _____

Physician: _____ Physician: _____

CLIA #: _____ Days Open Per Week: _____

Monthly Projected Order Volume: _____

Panels to be Ordered

- URI PANEL
- _____
- _____
- _____