



New Account Form

Please Print Legibly!

FOR OFFICE USE ONLY	
Client #:	_____
Profile Code:	_____
Web Portal:	_____
User ID:	_____
Password:	_____

Please Select One or Both: Toxicology Pharmacogenetics

ACCOUNT INFORMATION

Date _____

Company Name: _____

Company Address: _____

City, State: _____ Zip Code: _____

Phone #: _____ Fax #: _____

Normal Work Hours: _____

Known Holidays Closed: _____

Weekly Estimated Sample Volume: _____

Do you currently have a daily sample pick-up with UPS? Yes No

If yes, what time is the scheduled UPS pick-up? _____

If no, what time would you prefer the daily sample pick-up to be? _____

CONTACTS

Contact(s): _____ Phone #: _____ Email: _____

Lab Contact: _____ Phone #: _____ Email: _____

PHYSICIAN OFFICE SCREENING METHODOLOGY

POCT Cups Immunoassay

Does your office bill for this test? Yes No

REPORT DELIVERY PROCESS

How would you prefer the report? Please check all that apply:

Fax Web Portal Hardcopy via Regular Mail

CUSTOM PROFILE

Would you like to create a custom test profile?

Yes No If yes, please complete the Custom Profile Form.