

FACILITY INFORMATION

Facility Name

Address

City

State

Zip

Primary Contact

Phone

Fax

Title

E-Mail

Facility Type

Panels for Testing Toxicology Infectious Disease Pharmacogenetics

Ordering Method Paper Electronic

PHYSICIAN INFORMATION

Provider / Physician's Name

Provider / Physician's Signature

Provider / Physician's NPI #

Provider / Physician's E-Mail

Provider / Physician's Phone

PORTAL USERS

Full Name

Title

E-Mail

Phone

Full Name

Title

E-Mail

Phone

Full Name

Title

E-Mail

Phone

BILLING CONTACT

Full Name

Title

E-Mail

Phone

Notes