

FACILITY INFORMATION

Facility Name:

Address:

City:

State:

Zip:

Primary Contact:

E-Mail Address:

Title:

Phone:

Fax:

Panels for Testing: Infectious Disease Toxicology PGx Blood Genetics

Ordering Method: Electronic Paper

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

First Name:

Last Name:

Title:

E-Mail Address:

Phone Number:

First Name:

Last Name:

Title:

E-Mail Address:

Phone Number:

First Name:

Last Name:

Title:

E-Mail Address:

Phone Number:

BILLING CONTACT

First Name:

Last Name:

Title:

E-Mail Address:

Phone Number:

Notes: