



570 Taxter Road | Elmsford, NY 10523 | 914-345-1100

NEW CLIENT REGISTRATION FORM

Fax completed Form: 914-345-1101

CLIENT INFORMATION: (select one) NEW CLIENT ADD PHYSICIAN ADD LOCATION

PHYSICIAN NAME: _____ **NPI #:** _____

CLINIC NAME: _____ **EMAIL:** _____

PHONE: _____ **FAX:** _____ **MOBILE:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

BILLING ADDRESS (if different from above)

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

OFFICE HOURS: _____

PRIMARY CONTACT NAME/TITLE: _____

LIST OTHER DOCTORS AND NPI# FROM YOUR CLINIC THAT WILL SUBMIT SPECIMENS:

PATHOLOGY DIAGNOSTICS List any special testing such as ENFD, DIF, Molecular, DNA Analysis, Etc.

TESTING SERVICES DESIRED:

MONTHLY VOLUME: _____ **WILL CLIENT SUBMIT SAMPLES DAILY? YES** _____ **NO** _____

IF NO, MARK DAYS SAMPLES WILL BE SUBMITTED: M _____ **T** _____ **W** _____ **TH** _____ **F** _____

REPORTING OPTIONS: AUTOFAX _____ **HARD COPY** _____ **WEB PORTAL** _____ **EMR** _____ **OTHER** _____

EMR NAME/VERSION _____ **EMR VENDOR CONTACT:**

ACCOUNT NAME & NUMBER LISTED WITH EMR:

SUPPLIES NEEDED: _____ **Requisitions** _____ **20ml Formalin Vials** _____ **Bags** _____ **Lock Box (Floor)**

Mark amount needed: _____ **DIF Kits** _____ **FedEx Airbills** _____ **Ship Kits** _____ **(Other)**

TERRITORY ACCOUNT MANAGER:

COMMENTS: