



New Client Information Sheet

Account Information:

Institution Name		Primary Contact Name	
Phone	Fax	Email	
Street Address	City	State	Zip
Type of Institution <input type="checkbox"/> Law Enforcement (P) <input type="checkbox"/> Medical Examiner (M) <input type="checkbox"/> Coroner (R) <input type="checkbox"/> Private (V) <input type="checkbox"/> Hospital laboratory (CLIA # _____)			
Reporting Preference (select all that apply)		<input type="checkbox"/> Online Portal (Recommended)	<input type="checkbox"/> Fax

Institution Authorized Ordering Agents:

Name		NPI# (if applicable)	
Phone	Fax	Email	
Receive Reports? <input type="checkbox"/> Yes <input type="checkbox"/> No	Daily Reminder? <input type="checkbox"/> Yes <input type="checkbox"/> No	Receive Supplies? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name		NPI# (if applicable)	
Phone	Fax	Email	
Receive Reports? <input type="checkbox"/> Yes <input type="checkbox"/> No	Daily Reminder? <input type="checkbox"/> Yes <input type="checkbox"/> No	Receive Supplies? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name		NPI# (if applicable)	
Phone	Fax	Email	
Receive Reports? <input type="checkbox"/> Yes <input type="checkbox"/> No	Daily Reminder? <input type="checkbox"/> Yes <input type="checkbox"/> No	Receive Supplies? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name		NPI# (if applicable)	
Phone	Fax	Email	
Receive Reports? <input type="checkbox"/> Yes <input type="checkbox"/> No	Daily Reminder? <input type="checkbox"/> Yes <input type="checkbox"/> No	Receive Supplies? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Billing Information: Same as Account Info (above)

Institution Name		Primary Contact Name	
Phone	Fax	Email	
Street Address	City	State	Zip
Invoicing Preference (select all that apply) <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail			