

ACCOUNT #: _____



UNITED LABORATORY SERVICES, CORP.

DATE: _____

ACCOUNT NAME: _____

BUSINESS ADDRESS: _____

SUITE #: _____ CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: _____ BUSINESS FAX: _____

CONTACT PERSON: _____ PHONE: _____

PHYSICIAN'S INFORMATION:

NAME (PLEASE PRINT): _____

NPI #: _____ MEDIPASS #: _____

TEST RESULTS:

- RESULTS BY FAX
 - PARTIAL/FINAL
 - FINAL
- WEBSITE: www.unitedlabservice.com USERNAME: _____ PASSWORD: _____
- ORIGINALS
 - PARTIAL/FINAL
 - FINAL

SPECIMEN PICK-UP:

- DAILY: MON. TUES. WED. THURS. FRI. SAT.
- WILL CALL WHEN NEEDED (OBTAIN PICK-UP CONFIRMATION #)
- PHLEBOTOMY SERVICES AT HOME

SPECIMEN BOX REQUIRED:

YES NO

SPECIMEN SUPPLIES REQUIRED:

YES NO

LAB USE ONLY
ENTERED ON: _____
BY: _____
ACTIVE: <input type="checkbox"/> YES <input type="checkbox"/> NO

ACCOUNT REPRESENTATIVE: _____

SIGNATURE: _____ DATE: _____

MARKETING REPRESENTATIVE: _____

SIGNATURE: _____ DATE: _____

ACCOUNT #: _____