GENESIS
REFERENCE LABORATORIES

P: (844) 232-7130 | FAX: (407) 289-4082
WWW.GENESISREFERENCELABS.COM
7924 FOREST CITY RD | SUITE 210 | ORLANDO, FL 32810

NEW ACCOUNT FORM

(Completed Form Required for Each Practice/Office Location)

SALES REPRESENTITIVE: _____ DATE: _____

PHONE: _____ EMAIL: _____

CLINIC / PRACTICE NAME: _____ SPECIALTY: _____

STREET ADDRESS: _____ SUITE: _____ CITY: _____

STATE: _____ ZIP CODE: _____ PHONE: _____ FAX: _____

TIME ZONE ☐ EST ☐ CST ☐ MST ☐ PST CLINIC HOURS: _____

CONTACT INFORMATION

CONTACT NAME: _____ POSITION: _____ EMAIL ADDRESS: _____

BILLING CONTACT NAME: _____ BILLING PHONE: _____ BILLING EMAIL: _____

PHYSICIAN INFORMATION

ORDERING PHYSICIAN	NPI	EMAIL	SIGNATURE
ORDERING PHYSICIAN	NPI	EMAIL	SIGNATURE
ORDERING PHYSICIAN	NPI	EMAIL	SIGNATURE
ORDERING PHYSICIAN	NPI	EMAIL	SIGNATURE

DELIVERY/PREFERENCE INFORMATION

PREFERRED PICKUP DAY (TWO HOUR WINDOW) ☐ M ☐ TU ☐ W ☐ TH ☐ F ☐ SAT PREFERRED DELIVERY (PICK ONE): ☐ UPS ☐ FEDEX

PREFERRED METHOD OF RESULT DELIVERY: ☐ PORTAL ☐ FAX ☐ BOTH IN-OFFICE TESTING METHOD ☐ POC CUPS ☐ ANALYZER

SERVICES

☐ RPP ☐ UTI/STI ☐ GPP ☐ CGX ☐ TOXICOLOGY ☐ DIRECT BILL ☐ ALL PHYSICIAN PREFERENCE: ☐ YES ☐ NO

EMAIL COMPLETED FORM TO NEWACCOUNT@GENESISREFERENCELABS.COM