ALLIANCE LABORATORIES

1 Westchester Plaza
Elmsford, NY 10523
P: 914-307-1678
F: 914-345-3064

CLIENT SETUP FORM

☐ NEW CLIENT
☐ EXISTING CLIENT UPDATE

ACCOUNT #: _____

DOCTOR'S NAME: _____ DATE: _____

PRACTICE NAME: _____ NPI# _____

SPECIALTY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TEL: _____ FAX: _____ EMAIL: _____

REFERENCE LABORATORY ACCOUNT #: _____ (ATTACH SAMPLE REQUEST FORM)

Emergency Contact (for Critical Results): _____ **Emergency Phone Number:** _____

	OFFICE HOURS	PICK UP TIME	CONTACT:
MONDAY	TO	TO	
TUESDAY	TO	TO	TELEPHONE:
WEDNESDAY	TO	TO	
THURSDAY	TO	TO	CONTACT:
FRIDAY	TO	TO	
SATURDAY	TO	TO	TELEPHONE:
SUNDAY	TO	TO	

ADDITIONAL DOCTORS:

_____ _____

_____ _____

_____ _____

NOTES/REQUESTED PROFILES: _____

_____

_____

CLIENT FORM SETUP BY: _____

CLIENT SERVICE REP: _____

REPORTING:

☐ FAX ☐ HARD COPY ☐ WEB RETRIEVAL

REQUISITION SELECTION:

☐ GYN PATHOLOGY ☐ UROLOGIC PATHOLOGY ☐ GI PATHOLOGY ☐ ORAL PATH ☐ BLOOD
☐ BREAST PATHOLOGY ☐ GENERAL PATHOLOGY ☐ PODIATRY ☐ ALLERGY