



ACCOUNT SETUP FORM

67-71 East Willow St
 Millburn, NJ 07401
 P: 877-355-3580
 info@toplabdirect.com

CLINIC INFORMATION

Facility Name:	Address:
Contact Name:	City:
Work Phone:	State:
Mobile:	Zip:
Fax #:	Facility NPI #:

PROVIDER SETUP

Name:	NPI #	LIC #
Name:	NPI #	LIC #
Name:	NPI #	LIC #
Name:	NPI #	LIC #

SPECIMEN PROCESSING/REPORTING

Pickup Day(s): <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> SAT <input type="checkbox"/> SUN	Preferred Ordering Method <input type="checkbox"/> Portal Ordering <input type="checkbox"/> Paper Requisition Form
Pickp Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	
Preferred Report Delivery: <input type="checkbox"/> Portal <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail	

WEB PORTAL USER

Name:	Email:	Access to Results: <input type="checkbox"/> Y <input type="checkbox"/> N
-------	--------	--

ACCOUNT REPRESENTATIVE -FOR OFFICE USE ONLY-

Sales Rep Code:	Email:	Mobile #:
Special Notes:		

PLEASE RETURN TO:

www.toplabdirect.com	Email: info@toplabdirect.com Fax: 866-899-3995	67-71 East Willow St Millburn, NJ 07401 P: 877-355-3580
----------------------	---	---

Department Interest:	<input type="checkbox"/> Toxicology <input type="checkbox"/> Pathology <input type="checkbox"/> Clinical Chemistry <input type="checkbox"/> Other
----------------------	--



Please order supplies online at toplabdirect.com