|  |  |  |  |
| --- | --- | --- | --- |
|  | NEW ACCOUNT FORM | Logo, company name  Description automatically generated |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **PRACTICE INFORMATION (Please Print)** | | | |
| **Practice Name:** | | **Primary Contact Name:** | |
| **Street Address:** | | **Email:** | |
| **City, State, Zip:** | | **Practice Tax ID#:** | |
| **Phone:** | | **Fax:** | |
| **Medical Professional Authorization** | | | |
| **Provider’s Name** | 1. | | 2. |
| **NPI:** |  | |  |
| **License # and State:** |  | |  |
| **Signature:** |  | |  |
| **Provider’s Name** | 3. | | 4. |
| **NPI:** |  | |  |
| **License # and State:** |  | |  |
| **Signature:** |  | |  |
| **Provider’s Name** | 5. | | 6. |
| **NPI:** |  | |  |
| **License # and State:** |  | |  |
| **Signature:** |  | |  |
| I hereby authorize and instruct Shepard Health to create an account for the above location and to run samples I send to a laboratory within their facility. This standing order represents my determinations that it is both medically necessary and a matter of the prudent practice of medicine to have the ability to run the testing selected below. I understand that this order will remain in effect until an updated new account form is completed. I also understand that I may change this order, on a case-by-case basis, by making my testing preferences clear on the laboratory service requisition form. | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TESING OPTIONS** | | | | | | | | | | | |
|  | RPP / COVID 19 |  | Optimized UTI | | | |  | Wound Care | | | |
| **SUPPLIES** | | | | | | | | | | | |
| **Supplies** | | | | **QTY** | **Shipping Supplies** | | | | | | **QTY** |
|  | Respiratory Collection Kits | | |  |  | Shipping boxes/bags (Qty 20 pcs) | | | | |  |
|  | UTI Collection Kits | | |  |  | Shipping Labels | | | | |  |
|  | Wound Collection Kits | | |  |  |  | | | | |  |
| **SHIPPING INFORMATION** | | | | | | | | | | | |
|  | SHIPPING ACCOUNT/ Pick Up Not Needed | | | |  | | | | | | |
|  | Daily 1-hour pick-up window: | | | |
|  | Will call SHIPPER as needed | | | |
|  | Day specific pick-up | | | |
| **RESULTING DELIVERY PREFERENCES** | | | | |  | Web Portal | | |  | FAX | |