



Medicon Clinical Laboratory
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|------------------------------|---|---|--------|---------|---|---|
| INFORMATION | SALES PERSON: | | | | | |
| Client Number Assigned | | | | | | |
| Start Date: | | | | | | |
| Client Location Name: | | | | | | |
| Address: | | | | | | |
| Phone# | | | | | | |
| Fax# | | | | | | |
| Emergency/ Internal Contact: | | | | | | |
| Physician A/ NPI/ UPIN | | | | | | |
| Physician B/ NPI/ UPIN | | | | | | |
| Physician C/ NPI/ UPIN | | | | | | |
| Physician D/ NPI/ UPIN | | | | | | |
| Main Contact Person: | Name: | | Title: | Number: | | |
| | M | T | W | Th | F | S |
| Office Hours: | | | | | | |
| Specimen Pick Up Times: | | | | | | |
| Phlebotomist Name/Number: | | | | | | |
| Report Delivery Format | Web <input type="checkbox"/> Paper <input type="checkbox"/> Fax <input type="checkbox"/> <input type="checkbox"/> Prelim and Finals <input type="checkbox"/> Finals Only | | | | | |
| Report Style Requirements | | | | | | |
| Requisition Requirements | | | | | | |
| Panels Requested A | | | | | | |
| Panels Requested B | | | | | | |
| Panels Requested C | | | | | | |
| Computer Requirements | | | | | | |
| Special Supply Requirements | | | | | | |
| Special Pricing Applicable? | Y / N If yes, provide price list YES | | | | | |
| Panic Values | <input type="checkbox"/> Call All Panic Values until ____ pm / after ____ am <input type="checkbox"/> Fax All Panic Values: <input type="checkbox"/> Custom Panic Values: | | | | | |

ACCT OF: _____ Reviewer Name: _____ Date Reviewed: _____