



Pathology Research Resources

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NEW CLIENT FORM – NON UM

ACCT #

NAME OF CLINIC	
NAME OF DOCTOR	
CONTACT NAME FOR SUBMISSIONS	
CONTACT NAME FOR BILLING	
ADDRESS	
BILLING ADDRESS (IF DIFFERENT)	
PHONE	
FAX	
EMAIL (FOR REPORTS)	
EMAIL (FOR STATEMENTS; IF ELECTED YOU WILL NOT RECEIVE STATEMENTS BY REGULAR MAIL)	
HOW DO YOU WANT YOUR REPORTS? EMAIL, FAX, OR BOTH?	
PASSWORD FOR ON-LINE ACCESS	

FOR LAB USE ONLY (INITIALS/DATE):

ADDED TO VADDS	
ADDED TO EXCEL	
START UP PACKAGE	
CLIENT TYPE	