



Pathology Research Resources

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NEW CLIENT FORM – UM ONLY

ACCT #

NAME OF DEPARTMENT	
NAME OF PI	
CONTACT NAME FOR SUBMISSIONS	
CONTACT NAME FOR BILLING (AND PHONE)	
ADDRESS BUILDING, ROOM, LOCATOR CODE	
BILLING ADDRESS (IF DIFFERENT) BUILDING, ROOM, LOCATOR CODE	
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):

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CLIENT TYPE	