



Next Generation Labs
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Client ID: _____
<i>INTERNAL USE ONLY</i>

ACCOUNT REGISTRATION

This is an UPDATE to a Current Account Date: _____

Facility Name:			Preferred Start Dates (Please provide two): 1. _____ 2. _____	
Address:			Contact Name:	Title:
City:	State:	Zip Code:	Contact Email:	
Phone:	Fax:		Secondary Contact Name: Email: _____	
Hours of Operation:			Critical Contact Information: Name: _____ Cell: _____ Email: _____ Cell Carrier: _____	

PROVIDER NAME	PROVIDER SIGNATURE	PROVIDER NPI / CREDENTIALS
		NPI #: _____ <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PA <input type="checkbox"/> ARNP <input type="checkbox"/> _____
		NPI #: _____ <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PA <input type="checkbox"/> ARNP <input type="checkbox"/> _____
		NPI #: _____ <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PA <input type="checkbox"/> ARNP <input type="checkbox"/> _____
		NPI #: _____ <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PA <input type="checkbox"/> ARNP <input type="checkbox"/> _____

ACCOUNT DETAILS	ANTICIPATED MONTHLY VOLUME
Account Executive: _____ Cell #: _____ Email: _____	<input type="checkbox"/> Toxicology _____ <input type="checkbox"/> Blood _____ <input type="checkbox"/> Pharmacogenetics _____ <input type="checkbox"/> Allergy _____ <input type="checkbox"/> Other _____
Courier Svc Requested (local only) <input type="checkbox"/> Yes <input type="checkbox"/> No	REPORTING/ONLINE ORDERING
Preferred Sample Pick Up (Day/Time): <input type="checkbox"/> Mon after _____ <input type="checkbox"/> Tues after _____ <input type="checkbox"/> Wed after _____ <input type="checkbox"/> Thurs after _____ <input type="checkbox"/> Fri after _____ <input type="checkbox"/> Sat after _____	
	Reporting Preference: <input type="checkbox"/> Web Portal <input type="checkbox"/> Encrypted Email <input type="checkbox"/> Fax Encrypted Email to Use (if applicable): _____ Fax Number (if applicable): _____ Online Ordering: <input type="checkbox"/> Yes <input type="checkbox"/> No (if No, paper requisitions will be provided) If Yes, who is your Facility Service Provider: _____

Comments:

Date Created: _____ Created By: _____ Handed Off To: _____ On: _____ Entered On: _____