Client Intake Form

SECTION A – PRIMARY CONTACT

Full Name:

Title / Role (select all):

Owner/Founder	Lab Director	Operations Manager	QA/QC Manager
Pathologist	Practice Manager	Scientist	Other

Other Role (if selected):

Company Name:

Lab Name (if different):

Phone Number:

Email Address:

Preferred Contact (select all):

Email   Phone   Text   Video Call

Company Address:

Website:

SECTION B – LAB STATUS

Current Lab Status (select one):

Brand New	Planning/Designing	Build-Out in Progress
Fully Operational Paused		Closing/Consolidating

Lab Type (select all):

Clinical Diagnostic	CLIA Lab	Hematology	Toxicology
Molecular (PCR/qPCR/NGS)	Microbiology		Chemistry
Pathology/Histology			Other

Other Lab Type (if selected):

Primary Specialties (Top 3):

1)

2)

3)

Daily Test Volume (select one):

Not Started   <50/day   50- 200/day   200-500/day   >500/day

Certifications / Accreditations Needed (select all):

CLIA Waived   CLIA   CAP   ISO 17025
ISO 9001   ISO 13485   Not Sure   None

State License (Y/N):

Facility Status (select one):

Fully Built   Needs Build-Out   Lease Signed   Searching
Not Sure

SECTION C – PROJECT SCOPE

Startup Support Needed:

Full Roadmap (End-to-End Setup)   Feasibility & Cost
Planning Budget Development   Test Menu Strategy

Facility Support:

Floor Plan Review   Workflow Optimization   Equipment Selection
Capacity Planning

Compliance & Quality:

CLIA   State Licensing   CAP/COLA, SOP Development   ISO QMS Setup
Inspection Preparation   Other

Operation Support:
Organizational Structure   Training & Competency
Daily Operational Checklists   Hiring Profiles

Instruments & Vendors:

Instrument Evaluation   Reagents & Consumables Support
Service/Maintenance Calendars   Inventory Setup

Financial Support:

Pricing Strategy   Cost Per Test Analysis
Revenue Cycle Review (Billing)

Other Needs / Comments:

SECTION D – CURRENT PAIN POINTS

Top 3 Issues (short):

1)

2)

3)

Where You Are Losing Time or Money (select all):

Turnaround Delays	High Error Rates	Staffing Issues
Equipment Downtime	Inventory Problems	Billing Issues
Inspection Findings	Communication Gaps	

What Have You Already Tried? (optional):

SECTION E – PRIORITIES & GOALS

Current State (select one):

Startup   Need Structure   Fixing Issues   Scaling Growth

Desired Outcomes (select all):

Compliance/Licensing	Passing Inspections	Stability/Organization
Reducing Errors	Faster Turnaround Times	Increased Profitability
Staff Training	Lab Expansion	

Describe Your Success Picture:

SECTION F – TIMELINE & BUDGET

Decision Makers (names):

Main Point of Contact:

Desired Start Date:

Timeline to Implement (select one):

0-3 months   3-6 months   6-12 months   Flexible

Estimated Budget (select one):

< $10K $10K-$25K $25K-$50K $50K-$100K $100K+   Not sure

Support Preference (select one):

One-Time Project   Phase-Based   Monthly Retainer
Open to Recommendations

SECTION G – DOCUMENTS AVAILABLE

SOPs   Quality Manual   Org Chart   Training Templates
Equipment Logs   QC/QA Records   Inspection Report
Financial Reports   LIMS Access   Floor Plans

Notes / link to shared docs:

SECTION H – HOW DID YOU HEAR ABOUT US?

Google/Search Engine   Referral   Social Media   Event/Conference
Returning Client   Other

Other (if selected):

Final Comments:

Please email the completed form to support@ibranchlabconsultants.com