

Nationwide Testing Services
A division of
DABCI Marketing Services
800-264-5233
Fax 775-878-0020

Membership Application

Office Name			· · · · · · · · · · · · · · · · · · ·
Contact Name			
Office Address			
City			
Phone	Fax		
Email			
Website			
Hours of Operation			
Will you draw blood in your office? _	D	o you have a centrif	fuge?
Please estimate the number of blood of	lraws per we	ek you may do	
Laboratory testing must be paid for at on file in order to participate in the di the information below in order to utili	scounted rate	es that Pinc provide	s. Please complete
Name			
Billing Address			
City	State	Zip	
Card number		Exp. Date	Code