

NEW ACCOUNT FORM



ACCOUNT INFORMATION

PLEASE PRINT

PRACTICE NAME

PHONE

FAX

STREET ADDRESS

CITY

STATE

ZIP CODE

PRIMARY ACCOUNT CONTACTS(s)

FULL NAME

EMAIL

PHONE

FULL NAME

EMAIL

PHONE

Thank you for choosing Mokan Labs, LLC as your laboratory sample testing services provider. We understand that the Practice has in place certain protocols for the ordering and submission of samples for laboratory testing. You understand and acknowledge that Mokan Labs, LLC relies upon the Practice's compliance with its protocols for ordering and submission of samples for laboratory testing, specifically, providers should only order those tests that he or she believes to be medically necessary for each individual patient. You understand and acknowledge that, by submitting any order or sample for testing to Mokan Labs, LLC, the Practice represents to Mokan Labs, LLC that the Practice has followed all necessary protocols and that such order or sample is authorized by all necessary Practice medical personnel, and that Mokan Labs, LLC is entitled to rely on such representation.

TESTING PANELS

PLEASE MARK TESTING
PANELS TO BE UTILIZED

Covid-19	<input type="checkbox"/>	Molecular UTI with Antibiotic Susceptibility Testing (UTI)	<input type="checkbox"/>
Limited Viral Resp. Panel (LVRP)	<input type="checkbox"/>	Sexually Transmitted Infection (STI)	<input type="checkbox"/>
Respiratory Pathogen Panel (RPP)	<input type="checkbox"/>		<input type="checkbox"/>

ACKNOWLEDGED & AGREED

PRINTED NAME OF AUTHORIZED PROVIDER

SIGNATURE

DATE

Mokan Labs
14215 Metcalf Avenue
Overland Park, KS 66223

Phone: 913-624-9005
www.mokanlabs.com

MOKAN LAB REPRESENTATIVE

DATE: