



### NEW PRACTICE PROFILE

#### PRACTICE AND SHIPPING INFORMATION

Practice Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Practice NPI: \_\_\_\_\_ Specialty: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### GENERAL CONTACT INFORMATION

Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
# of Materials Requested: CGX \_\_\_\_\_ PGX \_\_\_\_\_ GH101 STUDY \_\_\_\_\_ UTI \_\_\_\_\_ RPP \_\_\_\_\_

#### PHYSICIAN SIGNATURE RECORD

Please include **ALL** providers who are authorized to order lab testing. The individuals listed below are authorized to sign patient test requisitions. RN's are **NOT** allowed to order or sign for lab testing.

_____	_____	MD/DO	_____	_____
First Name, Last Name	NPI#	Phys. Asst.	Signature	Date
_____	_____	MD/DO	_____	_____
First Name, Last Name	NPI#	Phys. Asst.	Signature	Date

#### PORTAL REPORTING

Desired Method for Receiving Results: ( ) Web Portal ( ) Fax ( ) Both

_____	_____	_____	_____
First Name, Last Name	Email Address	First Name, Last Name	Email Address

#### SHIPPING INFORMATION

Please refer to our shipping guidelines to select the appropriate delivery option based on sample type.

- USPS Priority (1-3 days)
- FedEx At-Will pick up to be scheduled at provider's request.
  - Daily (please select a two-hour window below):
  - Weekly (please select a designated day and time below):

Days	Sun	M	Tu	W	Th	F	Sat
Office Hours							
Pick-up Time							

GIA© Account Representative: \_\_\_\_\_