

### Application for Account Number

**Instructions:** Please provide complete information in each section (I-VIII). Please return the completed form to The Johns Hopkins Hospital, Department of Pathology, Carnegie 423, 600 N. Wolfe St., Baltimore, MD 21287 Attn: Danyelle Parrish. Phone: (410) 502-4360/Fax (410) 955-0394. **Please print**

**Section I. Name or Title of project:** \_\_\_\_\_ **IRB #:** \_\_\_\_\_  
\_\_\_\_\_  
**Est. Start Date:** \_\_\_\_\_

**Section II. Investigator/account holder information:** (Ordering physician). Please use complete address  
**Name:** \_\_\_\_\_ **MD#:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
\_\_\_\_\_  
**Facility (circle):** JHH JHU **Outside:** \_\_\_\_\_ **Pager:** \_\_\_\_\_  
**Fax:** \_\_\_\_\_

**Section III. Sample Information:** \_\_\_ Human \_\_\_ Non-Human (specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_ CSF \_\_\_ Urine \_\_\_ Blood \_\_\_ Other (specify) \_\_\_\_\_? Will specimens arrive batched?  
Yes/No **If yes, are batched specimens:** Fresh/Frozen? **How often will batched specimens be dropped off?**  
\_\_\_\_\_

**Section IV. Test Required:** Use additional paper if needed.

Soft ID Code	Test Name	Charge Quoted price

**Section V. Report Panic Values to:** (will show as the pager # on requisition) **Phone/**  
**Contact Person:** \_\_\_\_\_ **Pager:** \_\_\_\_\_

**Section VI. Results: Do you want results of this study sent to EPIC? Yes / No**  
**\*If you answered No, do you want results faxed? Yes / No**  
**Fax #:** \_\_\_\_\_  
**\*A Fax Verification form will be faxed**

**Section VII. Billing Statements: Mail to the following address:** **SAP Budget #** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Section VIII. Approval signatures:**  
**A. Investigator/Account holder:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**B. Pathology Administration:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OFFICE USE ONLY**

**Loc File:** \_\_\_\_\_ **Client SU:** \_\_\_\_\_ **Client EFS:** \_\_\_\_\_ **Autofax:** Y N  
**Fax Verification Form:** Y N **JHMCIS:** Y N **ONC:** Y N **Inst:** \_\_\_\_\_  
**Paper Format:** \_\_\_\_\_ **Depot:** \_\_\_\_\_ **AP Review/Setup:** \_\_\_/\_\_\_  
**Acct Clsd:** \_\_\_\_\_ **Reason:** \_\_\_\_\_