

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) 955-5961. **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:** _____

_____ **Pager:** _____

Facility (circle): JHH JHU **Outside:** _____ **Fax:** _____

Section III. Sample Information: ___ Human ___ Non-Human (specify) _____

What clinic will samples be drawn in? _____

___ 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 **Inst:** _____
Paper Format: _____ **Depot:** _____ **AP Review/Setup:** ___/___