

Application for Account Number

Instructions: Please provide complete information in each section (I-VIIIA). 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:** _____

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

Fax: _____

Section III. Sample Information: ___ Human (Identified)
___ Human (Deidentified) ___ Non-Human (specify) _____ ***** (Complete Supplemental Form)**

What clinic will samples be drawn in? _____ Do you have Epic Support? (i.e. Label Printer) Yes/No

For the following, please Circle the Appropriate Option:

Sample Matrix: ___ CSF ___ Urine ___ Serum ___ Plasma ___ Whole Blood ___ Other (specify) _____?

Will specimens arrive batched? Yes/No *****If yes, complete Supplemental Form**

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

Soft ID Code	Test Name	Charge Quoted price	Responsible Lab Area (Internal Use Only)

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 Depot: ___ Inst: ___
Fax Verification Form: Y N JHMCIS: Y N AP Review/Setup: ___/___ Paper Format: _____