

Application for Account Number

Instructions: Please provide complete information in each section (I-VIIIA). Please return the completed form by email to: Meredith Hurston (mhurstol@jh.edu)

Section I. Facility Name:

Est. Start Date:

Section II. Account holder information: (Ordering physician).

Name:

Address:

Facility (circle): JHH JHU Outside:

Enterprise#: E

Phone:

Pager:

Fax:
*required

Section III. Sample Information

Human (Identified) Human (Deidentified) Non-Human (specify)

For the following, please Circle the Appropriate Option:

Sample Matrix (circle): CSF Urine Serum Plasma Whole Blood Other (specify)

Will specimens arrive batched? Yes/No

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

Epic ID (Begins with LAB)	Test Name	Charge Quoted price	Responsible Lab Area (Internal Use Only)

Section V. Report Panic Values to: (will show as the pager# on requisition:

Contact Person:

Phone/ Pager:

Section VI. Results Reporting Option (circle): Patient chart / Autofax

*If Autofax, kindly provide Fax#:

*A Fax Verification form will be sent

Section VII. Billing Statements: Emailed to the following:

Name:

Email:

Phone:

Section VIII. Approval signatures:

A. Account holder: _____ Date: _____

B. Pathology Administration: _____ Date: _____

OFFICE USE ONLY

Legal Contract Fully Executed (if applicable): Patient Service Center(s): _____ Legal File# _____