

### Application for Account Number

**Instructions:** Please provide complete information in each section (I-VIII). Please return the completed form by email to: [Danyelle Parrish](mailto:Danyelle.Parrish@jhmi.edu) Phone: (667) 208-8175

**Section I. Name or Title of project:**

IRB#:

Est. Start Date:

**Section II. Investigator/account holder information: (Ordering physician).**

Name:

Address:

Facility (circle): JHH JHU Outside:

Enterprise#: E

Phone:

Pager:

Fax:

**Section III. Sample Information:**  Human (Identified)

Human (Deidentified)  Non-Human (specify) \_\_\_\_\_ **\*\* (Complete Supplemental Form)**

**\*\* <http://pathology.jhu.edu/department/forms/Supplemental-Account-Information.pdf>**

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 **\*\*If yes, complete Supplemental Form**

**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:

SAP Budget#

Phone:

**Section VIII. Approval signatures:**

A. Investigator/Account holder: \_\_\_\_\_ Date: \_\_\_\_\_

B. Pathology Administration: \_\_\_\_\_ Date: \_\_\_\_\_