

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. Facility Name:

Est. Start Date:

Section II. 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:

Phone:

Section VIII. Approval signatures:

A. Account holder: _____ Date: _____

B. Pathology Administration: _____ Date: _____

OFFICE USE ONLY

Legal Contract Fully Executed (if applicable): _____

Legal File# _____

Patient Service Center(s): _____