

Application for Account Number

Instructions: Please provide complete information in each section (I-VIII). Please return the completed form to: The Department of Pathology. Attn: Danyelle Parrish. Phone: (667) 208-8175/Fax (410) 234-9613. **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 (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

Ward SU: ___ AR SU: ___ CAM SU: ___ Autofax: Y N Depot: ___ Inst: ___
 Fax Verification Form: Y N EPIC: Y N Copy SU: ___ Paper Format: _____