GRI LABS

CLIENT SET UP FORM

ACCOUNT INFORMATION

Account Name: _____ **Phone:** _____ **Fax:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

GENERAL CONTACT INFORMATION

Contact Name: _____ **Contact Title:** _____

Email: _____ **Phone:** _____ **Email:** _____

Account Type: _____ **Hours of operation:** _____

Estimated Monthly Volume: **BLOOD** _____ **GENOMICS** _____ **TOX** _____

BILLING TYPE

☐ **Insurance** ☐ **Patient** ☐ **Client (approval required)**

REPORTING: PREFERRED METHOD

☐ **Fax** ☐ **Hard Copy** ☐ **Web Portal (email required)**

COLLECTOR

☐ **Collector NOT Needed** ☐ **Full-time Collector** ☐ **Part-time Collector** **Hours Expected:** _____

SHIPPING INFORMATION

Pick up time/date needed: _____ **Daily pick up needed?** ☐ **Yes** ☐ **No**

ELECTRONIC ORDER ENTRY AUTHORIZATION

I hereby authorize the individuals listed below to electronically access GRI's web portal and order tests at my direction. I further authorize the individual(s)identified below as a "Site Administrator" to add and edit user access for our practice/ facility.

ACCESS LEVELS:

Level 1 - Order current testing profiles & view profile components. **Level 2** - Full access to create, order & edit.
REQUIRED: Site Administrator (Level 2)

Name: _____ **Access Level** ☐ **1** ☐ **2**
Name: _____ **Access Level** ☐ **1** ☐ **2**
Name: _____ **Access Level** ☐ **1** ☐ **2**

PHYSICIAN SIGNATURE RECORD

Please include ALL providers who are authorized to order lab testing. The individuals listed below are authorized to sign patient test requisitions(Limited to MD,DO,PA or APRN(CNP). RN's are NOT allowed to order or sign for lab testing.

_____ _____
Last, First Name // NP# // MD/DO/Phy.Asst. Signature & Date

_____ _____
Last, First Name // NP# // MD/DO/Phy.Asst. Signature & Date

_____ _____
Last, First Name // NP# // MD/DO/Phy.Asst. Signature & Date

I understand and hereby acknowledge that I will only order tests that I believe to be medically necessary to ensure patient compliance with the therapy that I have prescribed.

GRI Labs
8445 S Eastern Ave **P: 702-463-3894** **CLIA # 29D2093280**
Las Vegas, NV 89123 **F: 702-463-3236** **grilabs.com**

_____
Sales Rep., Email & Date