Certus LABORATORIES
DEFINING EXCELLENCE.

NEW ACCOUNT APPLICATION

Completed form required for each practice/office location.

Account Full Legal Name:

Specialty (check): Pain Family Practice OB/GYN Other Sales Rep:

Account Address: Suite: Telephone:

City: State: Zip: Fax:

Point of Contact: Email Address:

Provider: NPI#:

Provider: NPI#:

Provider: NPI#:

Provider: NPI#:

Provider: NPI#:

Report Preference: Fax Hard Copy by Mail Email Electronic Web Portal

Interface (Ask Rep for qualifications) EMR System:

Preferred Carrier: FedEx UPS No Preference

Preferred Pickup Day(s): Daily M T W TR F

Preferred Pickup Time: Morning (8-11am) Mid-day (11am-2pm) Afternoon (3pm-5pm)

Starter Kit: Quantity Lab Requisition Forms: Quantity Lab Requisition Printing Paper: Quantity
(web portal users only)

Clear Specimen cup: Quantity Speciment Absorbent Bags: Quantity FedEx Shipping Paks: Quantity

FedEx Clinical Shipping Boxes: Quantity UPS Shipping Paks: Quantity Return Shipping Labels: Quantity

SUBMIT

Problems submitting the form? Give us a call at (228) 818-0366.

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