New Account Form

Please fax this completed form to: 1-804-515-7291 or email to clientrelations@myinnovativelab.com

8751 Park Central Drive, Suite 200
Richmond, VA 23227
1-855-420-7140

PROVIDER INFORMATION	PROVIDER ADDRESS
Healthcare Organization:	Location Address:
Provider Name:	City, State, Zip:
NPI#:	Phone Number:
Practice Manager:	Secure Fax Number*:
Email Address:	**To receive results for this order, please provide secure FAX number only*

SHIP SUPPLIES TO (IF DIFFERENT FROM ABOVE)	TESTS BEING ORDERED
Location Address: City, State, Zip: Phone Number:	☐ ColonSentry® ☐ EarlyCDT®-Lung ☐ Prostate Health Index ☐ BreastSentry™

HOW TO RECEIVE TEST RESULTS	PICK UP INSTRUCTIONS
☐ Fax ☐ Email ☐ Online Access (need below to send instructions & log-in information) First & Last Name: _____ Email: _____ Providers Linked: ☐ all or ☐ specific ones: _____	*Please complete this section only if you would like IDL to create a pick up schedule with FedEx for your practice FedEx Pickup Schedule ☐ Daily ☐ Specific Days: M__T__W__TH__F__

SUPPLY ORDER	SIGNATURE OF LEAD PROVIDER (FOR NEW ACCOUNTS ONLY)
In-Service Guide → ☐ *Emailed* ☐ *Faxed* ☐ *Standard Order Includes*: 10 Custom printed test requisitions 2 Small Specimen Mail-In Kits (for up to 10 patients) 1 Pack Trifold (per each test selected) ☐ *Customized Order*: _____	X _____ By signing above, I am authorizing Innovative Diagnostic Laboratory, LLP (IDL) to create requisition forms for my practice to order IDL's laboratory tests.

ADDITIONAL ORDERING PROVIDERS:	DESIGNATION (MD, DO, NP):	NPI #:	EMAIL ADDRESS: