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INFORMATION	SALES PERSON:					
Client Number Assigned by AVANTIC						
Start Date:						
Client Location Name:						
Address:						
Phone #						
Fax #						
Emergency/ Internal Contact:						
Physician A/ NPI/ UPIN						
Physician B/ NPI/ UPIN						
Physician C/ NPI/ UPIN						
Physician D/ NPI/ UPIN						
Main Contact Person:	Name:		Title:		Number:	
	M	T	W	Th	F	S
Office Hours:						
Specimen Pick Up Times:						
Phlebotomist Name/ Number						
Report Delivery Format	Web <input type="checkbox"/>		Paper <input type="checkbox"/>		Fax <input type="checkbox"/>	
Report Style Requirements	<input type="checkbox"/> Prelim and Finals <input type="checkbox"/> Finals Only					
Requisition Requirements						
Panels Requested A						
Panels Requested B						
Panels Requested C						
Computer Requirements						
Special Supply Requirements						
Special Pricing Applicable?	Y / N If Yes, Provide Price List YES					
Panic Values	<input type="checkbox"/> Call All Panic Values until _____ pm / after _____ am <input type="checkbox"/> Fax All Panic Values <input type="checkbox"/> Custom Panic Values:					

ACCT OF: _____ Reviewer Name: _____ Date Reviewed: _____