



### PHYSICIAN PRACTICE

Practice Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Physicians Office  Nursing Home (NH)  Assisted Living Facility (ALF)  Treatment Facility (TF)

### PHYSICIAN INFORMATION

Physician's Name: \_\_\_\_\_

Upin / NPI / License#: \_\_\_\_\_

### CONTACT INFORMATION (responsible for specimens on Physician's behalf)

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Results Delivery Method:  Website Self Retrieval  Fax  Email

### SPECIMEN INFORMATION

BLOOD ESTIMATED WEEKLY SPECIMENS:

MOLECULAR ESTIMATED WEEKLY SPECIMENS:

PATHOLOGY ESTIMATED WEEKLY SPECIMENS:

RPP ESTIMATED WEEKLY SPECIMENS:

GPP ESTIMATED WEEKLY SPECIMENS:

TOXICOLOGY ESTIMATED WEEKLY SPECIMENS:

PGX ESTIMATED WEEKLY SPECIMENS:

### SCHEDULE OF OFFICE HOURS FOR SPECIMEN COLLECTION

To accommodate the clinical needs of physician practices, SMA offers specimen collection at the times most convenient to the provider. Please fill out the specimen collection times below, as well as the office hours of the physician practice so we can best serve the physician practice.

DAYS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
OFFICE HOURS							
SPECIMEN COLLECTION TIME							

Pick up by:  Fedex  UPS

SALES EXECUTIVE: \_\_\_\_\_

PHYSICIAN SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### STEP 1

FILL IN THE PHYSICIAN PRACTICE INFORMATION

#### STEP 2

FILL IN THE PHYSICIAN INFORMATION FOR EACH PHYSICIAN IN THE PRACTICE

#### STEP 3

FILL IN THE CONTACT INFORMATION FOR THE PERSON RESPONSIBLE FOR SPECIMENS ON THE PHYSICIAN'S BEHALF

#### STEP 4

CHECK THE BOXES OF THE SPECIMEN TYPE THAT WILL BE SUBMITTED AND THE ESTIMATED NUMBER OF MONTHLY SPECIMENS

#### STEP 5

FILL IN THE OFFICE HOURS FOR SPECIMEN COLLECTION PURPOSES