

# INDUSTRY LAB DIAGNOSTIC PARTNERS



## Facility Set-up Form

Facility Name: \_\_\_\_\_ Preferred Start Date: \_\_\_\_\_

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

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

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Name of Key Contact: \_\_\_\_\_

Email Address: \_\_\_\_\_

Second Key Contact: \_\_\_\_\_

Email Address: \_\_\_\_\_

Does facility have a Fed Ex account number? Yes \_\_\_ or No \_\_\_\_\_ **(Your facility will not be charged for any ILDP pickups however we must have an account number to schedule your pickups. If you don't have a FedEx account number, we will establish one that is tied only to the ILDP account.)**

What are the preferred FedEx pickup days and times? \_\_\_\_\_

### Reporting Preferences

I would like to receive my results via: Fax \_\_\_\_\_ Online \_\_\_\_\_

How many requisitions do you submit per week for confirmation? \_\_\_\_\_

Physicians/Provider Name & NPI

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

(Note: If more physician/provider names and NPIs, please provide a second form.)

Sales Rep Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

I hereby acknowledge that ILDP will perform drug testing on patients from this practice as indicated on individual patient ILDP requisition forms.

Authorized  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_