



## Outreach Laboratory Client Profile

5thdraft 11/14/11

**Please Note: For assistance or questions, contact Client Services 585-LABS (5227)**

|   |                            |   |                                    |
|---|----------------------------|---|------------------------------------|
| Practice Name:  |                            | Practice Type/Specialty:  |                                    |
| Location:   |                            | Mailing Address:  |                                    |
| Office Hours:   |                            | Office Manager:   |                                    |
| <b>Contact Information</b>  |                            |   |                                    |
| Office Manager  |                            | General Office  |                                    |
| Routine Results Report  |                            | Fax   |                                    |
| Critical Results: Business Hrs  |                            | E-mail  |                                    |
| After Hrs   |                            | Website   |                                    |
| Issues/Problems   |                            | Other Contact Info  |                                    |
| <b>Providers</b>  |                            |   |                                    |
| <i>Name(s)</i>  | <i>Contact Information</i> | <i>NPI #</i>  | <i>Last Word # (if applicable)</i> |
|   |                            |   |                                    |
|   |                            |   |                                    |
|   |                            |   |                                    |
|   |                            |   |                                    |
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|   |                            |   |                                    |
|   |                            |   |                                    |
| <b>Information Systems</b>  |                            |   |                                    |
| EMR/Practice Management System:   |                            |   |                                    |
| Labs Currently Ordered In:<br>___ Centricity ___ Last Word<br>___ Requisition ___ Other |                            | Preference for Receiving Results:<br>___ Centricity ___ Last Word<br>___ Healthbridge ___ Other (specify) |                                    |
| <b>Additional Information</b>   |                            |   |                                    |
| <b>Custom Profiles Required?    ___ No    ___ Yes (Please specify)</b>                  |                            |   |                                    |
|   |                            |   |                                    |
|   |                            |   |                                    |
|   |                            |   |                                    |
|   |                            |   |                                    |

|  |                     |                               |
|--|---------------------|-------------------------------|
| <b>Standing Orders Required?    <u>    </u> No    <u>    </u> Yes (Please specify)</b> |                     |                               |
|  |                     |                               |
|  |                     |                               |
|  |                     |                               |
|  |                     |                               |
|  |                     |                               |
| <b>Specimen Handling</b>   |                     |                               |
| Est. # of specimens/day?   |                     |                               |
| Are any specimens referred to specialty lab? <u>    </u> No <u>    </u> Yes            |                     |                               |
| <u>    </u> Quest  | <u>    </u> LabCorp | <u>    </u> Other:            |
| Preferred Pickup Schedule (If Needed):   |                     |                               |
|  |                     |                               |
| Is a specimen lock box required? <u>        </u> No <u>        </u> Yes                |                     |                               |
| <b>Any additional information that would be helpful to serve you better?</b>           |                     |                               |
|  |                     |                               |
|  |                     |                               |
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|  |                     |                               |
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|  |                     |                               |
|  |                     |                               |
|  |                     |                               |
| <b>Supply Requirements (Please note on included sample Supply Requisition Form)</b>    |                     |                               |
| Supplies will be ordered by:   | Requisition Form    | Electronically through Lawson |

## **Specimen Handling**

Est. # of specimens/day?

Are any specimens referred to specialty lab?      No      Yes

|       |         |        |
|-------|---------|--------|
| Quest | LabCorp | Other: |
|-------|---------|--------|

Preferred Pickup Schedule (If Needed):

Is a specimen lock box required? \_\_\_\_\_ No \_\_\_\_\_ Yes

***Any additional information that would be helpful to serve you better?***

**Supply Requirements (Please note on included sample Supply Requisition Form)**

Supplies will be ordered by: \_\_\_\_\_ Requisition Form \_\_\_\_\_ Electronically through Lawson

Signature of person completing form: \_\_\_\_\_

|   |                   |                 |
|---|-------------------|-----------------|
| <b>LAB USE ONLY</b>                               | Date Acct Set Up: | Antic. Go-Live: |
| ____ Lab Source Facility (Client Account Code):   |                   |                 |
| ____ Distributed to:                              | Client Services   | Courier         |
|   | Supply Services   | Pathology Dept  |
|   | Lab Admin         | Lab IS          |
| ____ Client Information Packet Provided           |                   |                 |
| ____ Critical Values Policy provided and reviewed |                   |                 |
| Other Information/Notes:                          |                   |                 |

Date Acct Set Up:

## Antic. Go-Live:

Lab Source Facility (Client Account Code): \_\_\_\_\_

           Distributed to:

## Client Services

Courier

## Supply Services

Pathology Dept

## Lab Admin

Lab IS

Client Information Packet Provided

Critical Values Policy provided and reviewed

Other Information/Notes: