



# NEW CLIENT REGISTRATION

PLEASE COMPLETE, SCAN, AND EMAIL TO [newuti@realtoxlabs.com](mailto:newuti@realtoxlabs.com)

REALTOX LABS INFORMATION														
SALES REP		FIRST NAME:				LAST NAME:								
ACCOUNT INFORMATION														
PRACTICE NAME							SPECIALTY							
ADDRESS		STREET:					SUITE/UNIT:							
CITY:					STATE:		ZIP:							
PHONE			REPORTS FAX											
OFFICE/PORTAL CONTACT(S)														
*PORTAL REQUIREMENTS: FIRST NAME, LAST NAME, AND UNIQUE EMAIL PER USER														
FIRST NAME:					LAST NAME:									
EMAIL:					<input type="checkbox"/> NO PORTAL		<input type="checkbox"/> ADMIN/OFFICE STAFF		<input type="checkbox"/> PROVIDER					
FIRST NAME:					LAST NAME:									
EMAIL:					<input type="checkbox"/> NO PORTAL		<input type="checkbox"/> ADMIN/OFFICE STAFF		<input type="checkbox"/> PROVIDER					
IF ADDITIONAL PORTAL USERS NEEDED, COMPLETE THE PORTAL USER SIGN UP FORM														
ORDERING PROVIDER INFORMATION														
PROVIDER				TITLE			NPI			LICENSE #				
PROVIDER				TITLE			NPI			LICENSE #				
PROVIDER				TITLE			NPI			LICENSE #				
PROVIDER				TITLE			NPI			LICENSE #				
OFFICE HOURS														
MONDAY	HOURS		TUESDAY	HOURS		WEDNESDAY	HOURS		THURSDAY	HOURS		FRIDAY	HOURS	
SHIPPING AND SUPPLIES														
CARRIER	<input type="checkbox"/> FEDEX		<input type="checkbox"/> UPS		OPTIONS:		<input type="checkbox"/> DROPBOX		<input type="checkbox"/> UTpickup@realtoxlabs.com		<input type="checkbox"/> SCHEDULE STANDING PICKUP			
SHIP SUPPLIES TO	<input type="checkbox"/> SALES REP		<input type="checkbox"/> OFFICE		ATTN:									
*PLEASE SHIP SPECIMENS FOR OVERNIGHT DELIVERY. SAMPLES ARE ONLY PROCESSED MONDAY THROUGH FRIDAY. SAMPLES SHIPPING ON FRIDAY WILL NOT BE PROCESSED UNTIL MONDAY.														
PRACTITIONER ACKNOWLEDGEMENT														
<p>Each of the parties represents and warrants to the other party in particular with respect to all protected health information (as that term is defined under the standards for Privacy of Individual Identifiable Health Information 94 CFR part 164) as amended from time to time, that it is covered entity (and not a business associate of the other party) under the HIPAA Privacy Regulations and that it shall protect the privacy integrity, security, confidentiality and availability of the protected health information disclosed to, used by, or exchanged by the parties by implementing appropriate privacy and security policies, procedures and practice and physical and technological safeguards and security mechanisms, all as required by, and set forth more specifically in, the HIPAA Privacy Regulation and HIPAA Security regulation as each may be amended from time to time.</p> <p>I hereby acknowledge that Cirrus Dx will perform testing from my practice as directed by my custom profile and by the individual patient Test Requisition Form.</p>														
PRACTITIONER REPRESENTATIVE SIGNATURE							DATE							
PRACTITIONER REPRESENTATIVE NAME							TITLE							