



Administrative Contact: _____ Phone: _____ Email: _____

How did you learn about the lab offerings (check): MOLDX Other practitioner Lab Website

Tests that will be regularly ordered (use names from requisition): _____

Providers that will be ordering (to input in EMR for reporting): _____

Estimated monthly volume (all tests to OSUWMC James Molecular Lab): _____

Billing Address:

Note: This should be the address to which invoices can be sent and processed. This cannot be the patient's address or their insurance information. If this section is left blank, the lab will contact the sending institution to obtain appropriate billing information. If we are unable to obtain this information, the sending institution will be billed.
Phone for questions: 614-685-2027

Name _____

Attention _____

Street _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Preferred report delivery option (check a box and complete the below): Fax Email By mail

Report Delivery Information:

Attention _____

Street _____

City _____ State _____ Zip Code _____

Phone _____ Email: _____

Fax _____

Return form via email to daniel.jones@osumc.edu or by fax to 614-366-9139.

For OSU Administrative Use Only

Add New Account Modify Existing Account Account Number: _____

Submitted by: _____ Date: _____

Approved by: _____ Date Approved: _____

Fee Schedule: ACC DIR Other

Client will be billed: Yes OR No