MAINSTREAM
DIAGNOSTIC LABORATORY

NEW PHYSICIAN ENROLLMENT FORM

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PHYSICIAN PRACTICE

Practice Name: ____________________

Street Address: ____________________

City: ____________ State: ________ Zip: ________

Phone: ____________ Fax: ____________

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

STEP 1
FILL IN THE PHYSICIAN PRACTICE INFORMATION

PHYSICIAN INFORMATION

Physician's Name: ____________________

Upin / NPI / License#: ____________________

STEP 2
FILL IN THE PHYSICIAN INFORMATION FOR EACH PHYSICIAN IN THE PRACTICE

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

Contact Name: ____________________

Phone: ____________ Email: ____________

Preferred Results Delivery Method: ☐ Website Self Retrieval ☐ Fax ☐ Email

STEP 3
FILL IN THE CONTACT INFORMATOIN FOR THE PERSON RESPONSIBLE ON THE PHYSICIAN'S BEHALF

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:	
☐ UTI	ESTIMATED WEEKLY SPECIMENS:	

STEP 4
CHECK THE BOXES OF THE SPECIMEN TYPE THAT WILL BE SUBMITTED AND TEST ESTIMATED NUMBER OF MONTHLY SPECIMENS

SCHEDULE OF OFFICE HOURS FOR SPECIMEN COLLECTION

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

STEP 5
FILL IN THE OFFICE HOURS FOR SPECIMEN COLLECTION PURPOSES

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

Pick up by: ☐ Fedex ☐ UPS

SALES EXECUTIVE: ____________________

PHYSICIAN SIGNATURE ____________________ DATE: ___ /___ /______