LIGHTHOUSE LABS

Lighthouse Labs LLC

Independent Clinical Molecular Pathology Laboratory

4401 Emerson St STE 11 · Jacksonville, FL 32207

(904) 775-9994 · Support@lighthouselab.net

CLIENT / PRACTICE ONBOARDING FORM

PRACTICE INFORMATION

PRACTICE / GROUP NAME

SPECIALTY / PRACTICE TYPE | MAIN PHONE | FAX

BILLING ADDRESS (STREET)

CITY | STATE | ZIP

SPECIMEN PICKUP ADDRESS (IF DIFFERENT FROM ABOVE)

POINT OF CONTACT

PRIMARY CONTACT NAME | TITLE / ROLE | DIRECT / CELL PHONE

EMAIL | OFFICE MANAGER / SECONDARY CONTACT (NAME · PHONE · EMAIL)

ORDERING PROVIDERS LIST EVERY PROVIDER WHO WILL ORDER TESTING

PROVIDER NAME	CREDENTIALS	INDIVIDUAL NPI #	PROVIDER SIGNATURE
1.			
2.			
3.			
4.			
5.			
6.			

ACCOUNT SETUP & ONBOARDING

Estimated testing volume: ☐ < 10 / wk ☐ 10-25 / wk ☐ 25-50 / wk ☐ 50-100 / wk ☐ 100+ / wk

How often do you order labs? ☐ Daily ☐ 2-3x / week ☐ Weekly ☐ as needed

Panels you anticipate ordering:

☐ Urinalysis (UA) ☐ UTI ☐ STI - Women ☐ STI - Men ☐ Gastrointestinal ☐ Mini Respiratory ☐ Full Respiratory

☐ Women's Health ☐ Wound Care ☐ Nail / Fungal ☐ Antibiotic Resistance ☐ Blood ☐ Toxicology

Preferred pickup day(s): ☐ Mon ☐ Tue ☐ Wed ☐ Thu **Preferred time:** _____

Deliver results by: ☐ Fax ☐ Client portal ☐ Paper

Supplies needed: ☐ Bio-Hazard Bags ☐ Urine Cups ☐ Fedex Labels/Paks ☐ E-Swabs **Other:** _____

AUTHORIZATION & SIGNATURE

By signing below, I confirm that the information provided above is accurate and complete, and I authorize Lighthouse Labs LLC to establish an account for the practice and the ordering providers listed above and to contact us regarding laboratory testing services and account setup.

AUTHORIZED SIGNER NAME & TITLE | SIGNATURE | DATE