

## Add New Provider Form

Practice Name		Contact		Email	
Address		City	State	Zip	Fax
Is this an Oncology Practice? <input type="checkbox"/> yes <input type="checkbox"/> no (Optional) Please define your Provider Portal preferred username and password below: Username _____ Password _____					
<b>SALES AUTHORIZATION</b>					
Distributorship		Sales Rep		Sales Rep Email	
Sales Rep's Main Contact at ApolloMDx				Date	
<b>PROVIDER AUTHORIZATION</b>					
<i>Providers should only order tests they deem medically necessary for the diagnosis and/or treatment of the patient. I authorize laboratory to perform testing on specimen collected from my patients, as indicated by my preferences detailed below. I understand that this New Provider Form will remain in effect until an updated form has been submitted to laboratory. I also understand that I may change these preferences, on a case-by-case basis, by designating my testing preferences on a laboratory test requisition form.</i>					
Provider	Specialty	Provider NPI #	Provider Lic #	Signature	
1					
2					
3					
<b>Test of Interest</b>					
<i>Estimated Monthly Sample Count</i>					
Pharmacogenetics (PGx)					
Respiratory Pathogen Test					
Hereditary Cancer Risk Assessment (CGx)					
Other					
<b>Welcome Kits</b>					
For each test, the Welcome Kit includes 15 Collection Devices, Biohazardous Sample Bags, Requisition Forms and Shipping Supplies.					
Pharmacogenomics Test (PGx) Respiratory					
Pathogen Test					
Hereditary Cancer Risk Assessment (CGx)					
<b>Shipping Preference</b>					
FedEx		UPS		USPS	

### Office Use Only