



NEW ACCOUNT ONBOARDING PACKET

New Account Setup Policy

When new account paperwork is submitted to the laboratory, our Account Manager will verify that the following pages have been completed/provided:

- Client Details (completed in full, signature of physician required)
- Authorization for Electronic Signatures (completion required for use of electronic ordering)
- Discontinuation of Lab Services Policy (signature of both physician and sales rep required)
- Supply Order Form (completion required for initial shipment of supplies)

Upon receipt of all the above applicable documents, our Account Manager may contact an individual working at the clinic or the salesperson onboarding the clinic.

At this time, the Account Manager will:

- Acknowledge receipt of the New Account Onboarding Packet.
- Confirm that the information provided is accurate (including but not limited to; address, phone number, fax number, and physician information).
- Verify the projected volume and test types to be performed.

Once the information has been verified and approved in-house, we will begin the process of setting up the new account.

This process includes generating an access point on our client portal and creating a supply shipment containing all the necessary collection and shipping materials to begin sending specimens to our laboratory.

If all our communications are answered in a timely manner, the onboarding process can take less than 24 hours from the receipt of the New Account Onboarding Packet.

Please Note:

- Any samples received without physician and clinic information on the requisition form are subject to being put on hold or rejected.
- By signing this form, you are agreeing to provide relevant chart notes and/or medical records for **every** sample/test order that you are submitting to Prime Path Lab.
This should include but not be limited to patient insurance and demographics, current and historical medication lists, and current and historical patient diagnosis/presentations.

Please sign and date below to acknowledge you have received, reviewed, and *accept* these policies.

Print Name: _____

Title: _____

Signature: _____

Date: _____



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Client Details

Sales Group: _____

Sales Rep: _____

1. Clinic Information	
Clinic Name	Street Address
Phone Number	Fax Number

2. Ordering Provider Information	
Name & Title (MD, NP, etc.)	NPI #

3. Point of Contact Information	
Name (First & Last)	Email Address
Phone Number	Job Title

4. Report Delivery Preferences (In Addition to Portal Access)		
Fax	Email Notification	Both

5. Provider Authorization

This form gives Prime Path Lab permission to test each specimen we receive according to the selection made on the individual test order forms delivered alongside said specimens to the laboratory.

I, the below signed, authorize any tests ordered and sent by my practice (and physicians/providers whom I oversee) to be processed and analyzed by Prime Path Lab or any of their underwritten partners.

Print Name: _____ Sign: _____

Date: ____/____/____



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Authorization for Electronic Signatures & Discontinuation of Laboratory Services Statement

1. AUTHORIZATION FOR ELECTRONIC SIGNATURES

This request, from Prime Path Lab, to have your signature on file in our Laboratory Information System (LIS), ensures that your electronic orders are verified with your full intent and knowledge.

By having your signature on file, you will be able to maintain your patients' records and electronically sign your clinical orders where applicable.

This is to confirm that your signature will be encrypted and will be used only for the sole purpose of ordering diagnostic tests on your patients, in compliance with HIPAA standards.

Should you choose to remove your signature at any time, please notify us and we will assist you.

To authorize the use of electronic signatures, please sign below.

Physician Name, Printed: _____

Physician Signature: _____

Date: ____/____/____

To opt out of electronic ordering, please check the box below.

Opt Out of Electronic Ordering

2. DISCONTINUATION OF LABORATORY SERVICES STATEMENT

Prime Path Lab reserves the right to discontinue services to any account, at any time, for any reason.

If we have come to the decision to discontinue services, we will follow these steps:

1. We will contact the account (the sales rep and the clinic) to advise them that we will no longer be servicing them. The account will be notified that they have five (5) business days to find another laboratory to send their samples to for processing. This notice will also be sent via FedEx as a hard copy, with a signature required upon delivery.
2. If we are still receiving samples from the account by the fifth day, we will contact the account (directly to the clinic) to inform them that it is the last day that we will be accepting their samples.
3. If we are still receiving samples from the account by the sixth day, we will contact the account (directly to the clinic and the sales rep) to inform them that the samples are going to be discarded, as will any samples received moving forward.

Please sign and date below to acknowledge your receipt, review, and acceptance of this policy.

Physician Name, Printed: _____

Physician Signature: _____ Date: ____/____/____



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Supply Order Form

Please note that “accessory” supplies, such as biohazard bags, shipping materials, and specimen transfer devices, will be shipped with any order of relevant collection kits, by default.

If no selections are made, then no supplies will be shipped.

Clinic Name: _____

Shipping Address: _____

Primary Contact: _____

Contact Phone #: _____

Contact Email Address: _____

General Order Form (Check Off All That Apply)	
Test Kits & Customized Test Requisition Forms	
<input type="checkbox"/> Urine Toxicology	<input type="checkbox"/> Oral Toxicology
<input type="checkbox"/> Mini-flu / Respiratory Pathogen Panel (RPP)	<input type="checkbox"/> Urinary Tract Infection (UTI) Panel
<input type="checkbox"/> Sexually Transmitted Diseases (STI/ STD)	<input type="checkbox"/> Nail Fungal PCR Panel
<input type="checkbox"/> Wound Care PCR Panel	<input type="checkbox"/> Eye/ Ocular Infection PCR Panel
<input type="checkbox"/> ENT Infection PCR Panel	
<input type="checkbox"/> Cancer Genomics (CGx) Panel	<input type="checkbox"/> ENT Disorders NGS Panel
<input type="checkbox"/> Eye Disorders NGS Panel	<input type="checkbox"/> Cardiovascular NGS Panel
<input type="checkbox"/> Metabolic Disorders NGS Panel	<input type="checkbox"/> Pharmacogenomics (PGx)
<input type="checkbox"/> Immunodeficiency NGS Panel	<input type="checkbox"/> Pulmonary Disorders NGS Panel
<input type="checkbox"/> Thyroid Disorders NGS Panel	<input type="checkbox"/> Diabetes Etiology & Drug Response Panel
<input type="checkbox"/> Neurological Disorders NGS Panel	



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Customer Support

We're available in the office during the hours of 10:00 AM EST & 6:00 PM EST, Monday through Friday.

After hours, you're encouraged to email your concerned party.

On Saturday and Sunday, you're welcome to call at 708-253-9454 or email primepathlabsinc@gmail.com

for any urgent concerns/inquiries.

Thank you for choosing Prime Path Lab!

We look forward to serving you and your patients.