

OXFORD CLINICAL LABORATORY 397 HALEDON AVE, HALEDON, NJ, 07508 TEL: 862-257-1418 FAX: 862-257-1419

WWW.OXFORDCLINICALLAB.COM

INFORMATION	SALESPI	ERSON:					
Client Number Assigned							
Start Date:							
Client Location Name:							
Address:							
Phone#							
Fax#							
Emergency/Internal Contact:							
Physician A/ NPI/ UPIN							
Physician B/ NPI/ UPIN							
Physician C/NPI/UPIN							
Physician D/ NPI/ UPIN							
Main Contact Person:	Name:		7	Γitle	e: N	lumber:	
	М	T	W		Th	F	S
Office Hours:							
Specimen Pick Up Times:							
Phlebotomist Name/Number:							
Report Delivery Format	Web []	Paper[]	Fax []	[]	Prelim and I	inals []F	inals Only
Report Style Requirements							
Requisition Requirements							
Panels Requested A							
Panels Requested B							
Panels Requested C							
Computer Requirements							
Special Supply Requirements							
Special Pricing Applicable?	Y / N If yes, provide price list YES						
Panic Values	[] Call All Panic Values until pm / after am [] Fax All Panic Values: [] Custom Panic Values:						

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ACCT OF:	Reviewer Name:	Date Reviewed:	