



GENESYS BIOLABS

Detecting Cancer – In the Beginning

Physician Office Account Information

Sales Rep: _____ Date Opened: _____

Practice Name _____

Address _____

City: _____ State _____ Zip: _____

Main Phone _____ Office Fax: _____ Labs/Reporting Fax: _____

Office Manager: _____ Tel: _____

Nurse/MA Contact: _____

Phlebotomist: _____

Practice NPI: _____

Physician #1: _____ NPI: _____ M.A. _____

Direct phone # _____ email: _____

Physician #2: _____ NPI: _____ M.A. _____

Direct phone # _____ email: _____

Physician #3: _____ NPI: _____ M.A. _____

Direct phone # _____ email: _____

Physician #4: _____ NPI: _____ M.A. _____

Direct phone # _____ email: _____

Specimen shipping method: (please choose one)

Fedex Local stat courier (Metropolitan Washington DC area only)

Notes: _____

