



Practice Profile

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Regional Manager / Distributor	Sales Representative / Sub-Distributor	Estimate Start Date
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Welcome to Elina Labs

Practice name	Practice phone	Practice fax	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address	City / State	Zip code	
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Contact person	Contact phone	Contact email	Practice email
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Physicians and Providers

I hereby acknowledge that Elina Labs will perform clinical testing for patients from my practice as indicated on individual patient laboratory requisition forms submitted with each specimen

Name (last name, first)	NPI #	Email	Signature
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Notes

InterActive Laboratory Password (client recommended/hot final):

If the client has a recommended password, please provide. Any recommendations will be taken into consideration at the time of the account's creation. Otherwise the InterActive Laboratory "IAL" password will be assigned at the time of the account's creation. All passwords must be a minimum of 8 characters long, include at least 1 capital letter and 1 symbol, and cannot include the client code.