

# Customer Account Initiation Form

## PHYSICIAN ACCOUNT INFORMATION

Office / Facility Name

NPI# - **This is required to open an account**

Physician Name

Mailing Address

Mailing Address (con't)

City  State  Zip

Shipping Address (if different from mailing address)

Shipping Address (con't)

City  State  Zip

Primary Contact Name

Office Phone  -  -

Fax  -  -  Email Address \_\_\_\_\_  
(to receive account information)

Capillary Blood Collection Kit   
 Venous Blood Collection Kit   
 uKnow Peanut® Blood Collection Kit

## PAYMENT INFORMATION

Party Responsible for Payment   
 Physician (Bill Credit Card)   
 Patient (Bill Credit Card)

Please email, mail, or fax to:

**Customer Service**  
Phadia Immunology Reference Laboratory  
4169 Commercial Avenue  
Portage, MI 49002  
Phone: 800.346.4364, Option 1    Fax: 888.243.5214  
Email: [usdiag.cust.serv@phadia.com](mailto:usdiag.cust.serv@phadia.com)

## INTERNAL USE ONLY

Assigned Account Number \_\_\_\_\_ Initials \_\_\_\_\_  
Representative Code \_\_\_\_\_  
Comments \_\_\_\_\_



PHADIA IMMUNOLOGY  
REFERENCE LABORATORY

Center for Innovation

Thermo Fisher Scientific  
4169 Commercial Avenue, Portage, MI, 800.346.4364, [www.PIRLab.com](http://www.PIRLab.com)

©2012 Thermo Fisher Scientific Inc. All rights reserved. All trademarks are the property of Thermo Fisher Scientific Inc., and its subsidiaries.  
Legal Manufacturer: Phadia AB, Uppsala, Sweden 030413

