

# 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 \_\_\_\_\_

**PIRL**

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)

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