



AT THE FOREFRONT

UChicago
Medicine

Medical
Laboratories

INFORMATION WE NEED TO BUILD AN ACCOUNT	RESPONSE FROM CLIENT
CONTACT FROM YOUR INSTITUTION	
CONTACT EMAIL	
NAME OF INSTITUTION	
ADDRESS including zip code	
PHONE	
FAX	
ORDERING PROVIDER(S) NAME & NPI#	
BILLING CONTACT NAME	
EMAIL FOR INVOICES	
ADDRESS FOR INVOICES	
PHONE NUMBER FOR BILLING CONTACT	
CONTACT FOR CRITICAL RESULTS AND REJECTIONS	