

New Service Agreement

**ASCENSION MICHIGAN
LABORATORY SERVICES**

Account #: [Click here to enter text.](#)

Client Acct Specialist:

Practice Name: [Click here to enter text.](#)

Address/City/Zip: [Click here to enter text.](#)

Ste#: [Click here to enter text.](#)

Office Phone: [Click here to enter text.](#)

Office Fax: [Click here to enter text.](#)

Email Address: [Click here to enter text.](#)

Web Site: [Click here to enter text.](#)

Office Manager/Office Contact: [Click here to enter text.](#)

Office Hours: [Click here to enter text.](#)

[Click here to enter text.](#)

Physician Names in Practice: [Click here to enter text.](#)

[Click here to enter text.](#)

[Click here to enter text.](#)

[Click here to enter text.](#)

[Click here to enter text.](#)

EMR: [Click here to enter text.](#)

Orders: [Click here to enter text.](#)

Results: [Click here to enter text.](#)

Equipment:

Printer Yes No

Labworks Yes No

Centrifuge Yes No

Result Delivery:

Telecom Times: [Click here to enter text.](#)

Dropbox Location: [Click here to enter text.](#)

Specimen pickup times: [Click here to enter text.](#)

Phlebotomy Contract signed: Yes No

Sales Rep/CAS

Date

Office Contact

Date