

Rep Name: \_\_\_\_\_

## FACILITY SET-UP FORM

Type of testing: (mark all that apply and note weekly volume on line)

☐ UTI: \_\_\_\_\_

☐ Respiratory: \_\_\_\_\_

☐ COVID-19: \_\_\_\_\_

☐ Wound: \_\_\_\_\_

☐ Nail Fungus: \_\_\_\_\_

☐ Toxicology: \_\_\_\_\_

\*Drug screening in office?

☐ yes ☐ no

Client: \_\_\_\_\_

Client Site: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Courier/FedEx Pick Up Requested: ☐ yes ☐ no

Days & Times Requested: \_\_\_\_\_

Name of Key Contact\*: \_\_\_\_\_ \*this person will have access to client portal to create orders and receive reports

Email of Key Contact: \_\_\_\_\_ Direct Line: \_\_\_\_\_

Physician/Provider Name & NPI

1) \_\_\_\_\_ 3) \_\_\_\_\_

2) \_\_\_\_\_ 4) \_\_\_\_\_

(if more physician/provider names and NPIs, provide a second form)

### Notes:

Date of Training: \_\_\_\_\_

**Return form to [info@ildp.com](mailto:info@ildp.com) OR fax: 513.860.0373**

ILDP INTERNAL USE ONLY (initial on line)

\_\_\_\_ Client Portal Created  
Username:  
Password:

\_\_\_\_ First Supply Order Sent  
Date: \_\_\_\_\_

\_\_\_\_ FedEx/Courier Set-Up  
Date: \_\_\_\_\_

Notes: