

For Razor Genomics, Inc. Use Only
Date Account Created and Information Verified

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Customer Service Phone
1.844.662.6298

Customer Service Fax
1-800-406-5189

Ordering Physician Information

Hospital/Practice/Institution Information

Hospital/Practice/Institution Name _____ Website URL _____
Street Address _____
City _____ State _____ Postal Code _____

Primary Contact Information

Primary Contact Name (First, MI, Last) _____
Primary Contact: Phone _____ Fax _____ Email _____
Name of Electronic Medical/Health Record System Used (EMR/EHR) _____
Report Distribution Preference: Physician Portal Download Both
 Fax _____ Send Report to Pathology _____

Billing Contact for the Clinical Practice (if applicable)

Billing Contact Name (First, MI, Last) _____ Title _____
Phone _____ Fax _____ Email _____

Healthcare Providers Information

Ordering/Treating Healthcare Provider(s)

Provider #1
Healthcare Provider (First, MI, Last) _____ NPI Number _____
Provider #2
Healthcare Provider (First, MI, Last) _____ NPI Number _____
Provider #3
Healthcare Provider (First, MI, Last) _____ NPI Number _____
Provider #4
Healthcare Provider (First, MI, Last) _____ NPI Number _____

Authorized Users Information

NOTE: An authorized user can submit test orders, retrieve reports, track orders, etc., on behalf of the ordering provider (e.g., RN, Lab Director, Send-Out Coordinator or Medical Assistant, etc.)

Authorized User #1
Name (First, MI, Last) _____ Title _____
Phone _____ Fax _____ Email Address _____
Authorized for Providers 1 2 3 4

Authorized User #2
Name (First, MI, Last) _____ Title _____
Phone _____ Fax _____ Email Address _____
Authorized for Providers 1 2 3 4

Authorized User #3
Name (First, MI, Last) _____ Title _____
Phone _____ Fax _____ Email Address _____
Authorized for Providers 1 2 3 4

Authorized User #4
Name (First, MI, Last) _____ Title _____
Phone _____ Fax _____ Email Address _____
Authorized for Providers 1 2 3 4

Pathology Information

1. Preferred Pathology Facility Name _____
 Street Address _____
 City _____ State _____ Postal Code _____
 Primary Contact Name _____ Contact Phone _____
 Contact Fax _____ Contact Email _____
 Fax Report to Pathology No Report

2. Preferred Pathology Facility Name _____
 Street Address _____
 City _____ State _____ Postal Code _____
 Primary Contact Name _____ Contact Phone _____
 Contact Fax _____ Contact Email _____
 Fax Report to Pathology No Report

3. Preferred Pathology Facility Name _____
 Street Address _____
 City _____ State _____ Postal Code _____
 Primary Contact Name _____ Contact Phone _____
 Contact Fax _____ Contact Email _____
 Fax Report to Pathology No Report

4. Preferred Pathology Facility Name _____
 Street Address _____
 City _____ State _____ Postal Code _____
 Primary Contact Name _____ Contact Phone _____
 Contact Fax _____ Contact Email _____
 Fax Report to Pathology No Report

Sample Shipping Information

Shipping Kit Storage Location (Where will sample shipping kits be shipped and stored?)
 Clinic/Practice/Physician Pathology Office (address above) Other Location - Provide information below if different than Pathology above

Shipping Contact Name (First, MI, Last) _____
 Street Address _____
 City _____ State _____ Postal Code _____
 Contact Phone _____ Contact Email _____

Number of Shipping Kits at Set-up (How many Sample Shipping Kits are required at account set-up?) _____

Shipping Kit Automatic Reorder
 Set up Automatic Reordering? Yes No Automatic Reorder Trigger # (minimal on-hands inventory threshold) _____

Shipping Kits Reorder Volume (# of kits shipped automatically when reorder trigger is met) _____

Notes: Are there other sample shipping, processing and shipping workflow contingencies that we should account for? _____