



3600 S GESSNER RD, SUITE 110  
HOUSTON, TX 77063  
(281) 378-2116 | (281) 466-2483

### New Account Setup Policy

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#### New Account Setup (Onboarding)

Once New Account paperwork is submitted to the laboratory, our account specialists will verify the following:

- New account paperwork completed in its entirety. This includes:
  - New Account Form (signature of physician required)
  - Authorization for Electronic Signature (signature required for use of electronic ordering)
  - Discontinuing Lab Services Policy (signature required from both physician and sales rep)
  - Supply Order Form

Once we have received all the above applicable documents for a new account, our account manager will make contact with an individual working at the clinic or the salesperson onboarding the clinic. The account manager will go over the following:

- Acknowledgement that the new account setup form has been received.
- Confirm that the information provided is accurate (including but not limited to: address, phone number, fax number, and physician information).
- Verify types of testing that will be performed.
- Verify the expected sample volume.
- Verify the expected insurances that will be received from the clinic.
- Inform the clinic of how to use our client portal and our online supply order form.
- Schedule a training for collection and requisition completion, if desired.

Once the information has been verified and approved in house, we will begin the process of setting up the new account. This process includes generating an access point on our client portal and creating a supply shipment containing all the necessary collection materials to begin sending us samples.

If all our communications are answered in a timely manner, the account onboarding process can take less than 24 hours from the receipt of the New Account Onboarding Paperwork.

#### Please Note:

- Any samples received without doctor and clinic information on the requisition are subject to being put on hold or rejected.
- By signing this form, you are agreeing to provide relevant chart notes and medical records for every sample that you are sending to Elite Clinical Laboratory. This should include but not be limited to patient insurance and demographics, current and historical medication lists, and current and historical patient diagnoses.

Please sign and date below to acknowledge you have received and *accept* these policies.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



### Client Details

Sales Group: \_\_\_\_\_

Sales Representative: \_\_\_\_\_

| 1. Clinic Information |                |              |            |
|-----------------------|----------------|--------------|------------|
| Clinic Name           | Street Address | Phone Number | Fax Number |
|                       |                |              |            |

| 2. Office Hours |         |           |          |        |          |        |
|-----------------|---------|-----------|----------|--------|----------|--------|
| Monday          | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|                 |         |           |          |        |          |        |

| 3. Physician Information         |     |           |
|----------------------------------|-----|-----------|
| Physician Name (MD, DO, NP, etc) | NPI | Specialty |
|                                  |     |           |
|                                  |     |           |
|                                  |     |           |

| 4. Office Contact Information |              |       |           |
|-------------------------------|--------------|-------|-----------|
| Name                          | Phone Number | Email | Job Title |
|                               |              |       |           |

| 5. Account Preferences (Check Off Which Apply) |                         |             |
|--|-------------------------|-------------|
| a. Sample Delivery                             |                         |             |
| Dropoff At Lab                                 | Dropoff At FedEx Onsite | Both        |
| b. Report Delivery                             |                         |             |
| Fax  | Web Portal              | Both        |
| c. Payer Mix                                   |                         |             |
| Commercial                                     | Medicare/Medicaid       | Cash/Client |

| 6. Provider Authorization |
|---------------------------|
|---------------------------|

This form gives Elite Clinical Laboratory permission to test each specimen we receive according to the selection made on the individual forms received in the laboratory. Please have each provider who will be ordering tests sign and date a copy of this form.

I, the below signed, authorize tests ordered and sent for analysis at Elite Clinical Laboratory, or any of their underwritten partners.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



### AUTHORIZATION FOR ELECTRONIC SIGNATURES

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Physician Name: \_\_\_\_\_  
(Printed)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

This request, from Elite Clinical Laboratory, to have your signature on file in our Laboratory Information System, ensures that your electronic orders are verified with your full intent and knowledge. By having your signature on file, you will be able to maintain your patient's records and electronically sign your clinical orders where applicable. This is to confirm that your signature will be encrypted and will be used only for the sole purpose of ordering diagnostic test on your patients, in compliance with HIPPA standards. Should you choose to remove your signature at any time, please notify us for removal. If you would like to opt out of this feature, please check the box below:

Opt Out of Electronic Orders

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### DISCONTINUATION OF LABORATORY SERVICES STATEMENT

Elite Clinical Laboratory reserves the right to discontinue services to any account at any time, for any reason.

If we have come to the decision to discontinue services to an account, the following steps will be followed:

1. We will contact the account (the account rep and the clinic) to advise them that we will no longer be servicing them. The account will be informed that they have five (5) business days to find another laboratory to send their samples to. (This will also be sent via FedEx as a hard copy, with a signature required on delivery.) This written notice will advise the account of the last day we will be accepting samples.
2. If, on the fifth day, we are still receiving samples, we will contact the account (directly to the clinic) to inform them that it is the last day that we will be accepting their samples.
3. If, on the sixth day, we are still receiving samples, we will contact the account (directly to the clinic and then the account rep) to inform them that the samples are going to be discarded.

Please sign and date below to acknowledge your receipt and comprehension of this policy.

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Physician Name: \_\_\_\_\_  
(Printed)

Sales Rep Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sales Rep Name: \_\_\_\_\_  
(Printed)



**SUPPLY ORDER FORM**

\*For existing accounts, supplies can be ordered online at <http://www.elitelabs.com/ordersupplies>

Please note that orders received on our website can take 1-3 days to process, depending on order volume.

Orders received before 12:00 noon CST will begin processing the same business day. This does not always mean that they will ship on the same day.

All orders are subject to judgement/amendment based on the previous months' sample volumes and our current stock supply.

If you have questions about your order, please feel free to call us at (281) 378-2116.

Clinic Name: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Primary Contact: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

| <b>General Order Form (Check Off Those That Apply)</b> |  |   |
|--|--|---|
| <b>Test Kits &amp; Requisitions</b>                    |  |   |
| <input type="checkbox"/>                               | <b>Test Type</b>                                       | <b>Associated Test Collection Kit</b>     |
| <input type="checkbox"/>                               | Hereditary Cancer Genetic Testing (CGX)                | OCD-100 Buccal Swabs                      |
| <input type="checkbox"/>                               | Pharmacogenomics (PGX)                                 | OCD-100 Buccal Swabs                      |
| <input type="checkbox"/>                               | Cardiovascular Genetic Testing                         | OCD-100 Buccal Swabs                      |
| <input type="checkbox"/>                               | Pulmonary Genetic Testing                              | OCD-100 Buccal Swabs                      |
| <input type="checkbox"/>                               | Combined Cardio-Pulmonary Genetic Testing              | OCD-100 Buccal Swabs                      |
| <input type="checkbox"/>                               | Neurodegenerative Disease Genetic Testing (NDD or PAD) | OCD-100 Buccal Swabs                      |
| <input type="checkbox"/>                               | Diabetes-Obesity Genetic Testing (MODY)                | OCD-100 Buccal Swabs                      |
| <input type="checkbox"/>                               | Primary Immunodeficiency Genetic Testing (PID)         | OCD-100 Buccal Swabs                      |
| <input type="checkbox"/>                               | Oral Toxicology Screening                              | Quantisal Oral Fluid Collection Device    |
| <input type="checkbox"/>                               | Urine Toxicology Screening/Confirmation                | Specimen Transport Tubes Without Additive |
| <input type="checkbox"/>                               | UTI Pathogen Testing                                   | Specimen Transport Tubes with Additive    |
| <input type="checkbox"/>                               | Nail Fungus Testing                                    | Nail Clipping in MTM Tubes                |
| <input type="checkbox"/>                               | Wound Care Testing                                     | E-Swab of Wound Site                      |
| <input type="checkbox"/>                               | Respiratory Pathogen Panel Testing                     | Nasal Swab                                |
| <input type="checkbox"/>                               | Covid-19   | Nasal or Oral Swab                        |

“Accessory” supplies, such as biohazard bags, shipping supplies, and urine transfer straws, will be shipped with any order of collection devices, by default. If no selections are made, then no supplies will be shipped.



**FEDEX DELIVERY & DROPOFF OPTIONS**

If your office/clinic location already has a recurring FedEx Express pickup scheduled, or you have a drop-off/delivery schedule already set up, please check off the following box and submit this form with the rest of your completed onboarding packet:

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\* Elite Clinical Laboratory is no longer able to schedule recurring FedEx Express pickups directly to a clinic. We heavily recommend that our clients drop their FedEx packages off at FedEx Onsite locations, which are found inside of popular retailers such as Dollar General and Walgreens. FedEx can provide a receipt for the shipment, which will include the tracking number, the date, and the time of the drop-off, which all can be used for references purposes should a shipment ever become delayed, lost, or otherwise damaged.

Individual FedEx courier pickups can be scheduled, but only *one business day in advance*, and only with the certainty that a package will be ready for pickup at *any point within the requested pickup window*, including at the very beginning. \*

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**For Internal Use Only**

**FEDEX ONSITE DROP-OFF LOCATION NEAREST TO CLINIC STREET ADDRESS**

Location Type/Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Cross Street: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Latest Express Pickup Time(s)**

Monday – Friday: \_\_\_\_\_

Saturday: \_\_\_\_\_

Sunday: \_\_\_\_\_



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### POINTS OF CONTACT

If you have any questions or concerns, please see the below list of key people and their email addresses/direct extensions so you can reach out to them directly.

- **Account Manager – Hannah Marks**
  - [hannah.marks@elitelabs.com](mailto:hannah.marks@elitelabs.com)
  - (281) 378-2116 EXT 144
- **Supplies & Shipping – Samantha Sostrich**
  - [samantha.sostrich@elitelabs.com](mailto:samantha.sostrich@elitelabs.com)
  - (281) 378-2116 EXT 142
- **Business Admin – George Rubio**
  - [george.rubio@elitelabs.com](mailto:george.rubio@elitelabs.com)
  - (281) 378-2116 EXT 145

We are available in office from Monday to Friday, during the business hours of 9 am CST to 4 pm CST. After hours, you are encouraged to email your concerned party, or leave them a message. On Saturday and Sunday, you are welcome to email [info@elitelabs.com](mailto:info@elitelabs.com).

Thank you for choosing Elite Clinical Laboratory!

We look forward to serving you.