

## **New Account Form**

Please fax this completed form to: 1-804-515-7291 or email to clientrelations@StageZeroLS.com

8751 Park Central Drive, Suite 200 Richmond, VA 23227 1-855-420-7140

PROVIDER INFORMATION			PROVIDER ADDRESS
Healthcare Organization:			Location Address:
Provider Name:			City, State, Zip:
NPI#:			Phone Number:
Practice Manager:			Secure Fax Number*:
Email Address:			*To receive results for this order, please provide secure FAX number only
SHIP SUPPLIES TO (IF DIFFERENT	FROM ABOVE)		TESTS BEING ORDERED
Location Address: City, State, Zip:			□ ColonSentry® □ EarlyCDT®-Lung □ Prostate Health Index
Phone Number:			□ BreastSentry™
			PICK UP INSTRUCTIONS
HOW TO RECEIVE TEST RESULTS  □ Fax □ Email □ Online Access (Please email us at clientrelations@stagezerolos.com)		.com)	*Please complete this section only if you would like us to create a pick up schedule wif FedEx for your practice  FedEx Pickup Schedule  Daily  Specific Days: M_T_W_TH_F_
ONBOARDING SESSIONS			SIGNATURE OF LEAD PROVIDER (FOR NEW ACCOUNTS ONLY)
if you would like to learn more about results, blood draw instructions, and session with our team.	t patient selection, interp more book an online inf	preting test formation	
# of Attendees			X
ADDITIONAL ORDERING PROVIDERS:	DESIGNATION (MD, DO, NP):	NPI#:	By signing above, I am authorizing StageZero Life Sciences to create requisition
ADDITIONAL ORDERING	DESIGNATION	NPI #:	By signing above, I am authorizing StageZero Life Sciences to create requisition forms for my practice to order laboratory tests.
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