



OXFORD CLINICAL LABORATORY
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 FAX: 862-257-1419
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INFORMATION	SALESPERSON:				
Client Number Assigned					
Start Date:					
Client Location Name:					
Address:					
Phone#					
Fax#					
Emergency/ Internal Contact:					
Physician A/ NPI/ UPIN					
Physician B/ NPI/ UPIN					
Physician C/ NPI/ UPIN					
Physician D/ NPI/ UPIN					
Main Contact Person:	Name:		Title:		Number:
	M	T	W	Th	F S
Office Hours:					
Specimen Pick Up Times:					
Phlebotomist Name/Number:					
Report Delivery Format	Web <input type="checkbox"/> Paper <input type="checkbox"/> Fax <input type="checkbox"/> <input type="checkbox"/> Prelim and Finals <input type="checkbox"/> Finals Only				
Report Style Requirements					
Requisition Requirements					
Panels Requested A					
Panels Requested B					
Panels Requested C					
Computer Requirements					
Special Supply Requirements					
Special Pricing Applicable?	Y / N If yes, provide price list YES				
Panic Values	<input type="checkbox"/> Call All Panic Values until ____ pm / after ____ am <input type="checkbox"/> Fax All Panic Values: <input type="checkbox"/> Custom Panic Values:				

ACCT OF: _____ Reviewer Name: _____ Date Reviewed: _____