



**Practice Information** PLEASE PRINT

Practice Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

Primary Contact(s) \_\_\_\_\_ CITY STATE ZIP CODE

**Thank you for choosing CarePoint Lab, LLC as your laboratory sample testing services provider.** We understand that the Practice has in place certain protocols for the ordering and submission of samples for laboratory testing. You understand and acknowledge that CarePoint Lab, LLC relies upon the Practice’s compliance with its protocols for ordering and submission of samples for laboratory testing. You understand and acknowledge that, by submitting any order or sample for testing to CarePoint Lab, LLC, the Practice represents to CarePoint Lab, LLC that the Practice has followed all necessary protocols and that such order or sample is authorized by all necessary Practice medical personnel, and that CarePoint Lab, LLC is entitled to rely on such representation.

**Signature**

Please sign within the boundary of the white box.

ACKNOWLEDGMENT OF SAMPLE SUBMISSION PROTOCOL

x

**ACKNOWLEDGED & AGREED**

Printed Name of Authorized Provider \_\_\_\_\_

Date \_\_\_\_\_