NORTH CAROLINA STATE LABORATORY OF PUBLIC HEALTH
Attention: Customer Services
P.O. Box 28047, Raleigh, NC 27611-8047
Telephone: 919-733-3937 Fax: 919-807-0730

New Client Information Form

Use this form for initial enrollment in the NCSLPH provider database. Fill out entire form; see page 2 for instructions.
When completed, fax it to 919-807-0730.
Please print clearly, so that the information will be entered correctly. **Your EIN/Tax ID is a required field**, Please make sure that it is correct and contains the suffix (alpha) if there is one assigned to your number.
What types of samples do you send? **Clinical** **Environmental** **Both Clinical & Environmental**

Field			
Name of Practice or Business:			
(optional) Attention:			
Mailing address (line 1):			
Mailing address (line 2):			
City:			Courier #:
County:		State:	Zip:
Phone # with area code:			
Primary Fax # with area code:			
**Current EIN/Tax ID #:			
Shipping address: (if different from above)			
Shipping address (line 2):			
City:		State:	Zip:
Billing address for supplies: (if different from shipping address)			
Billing address (line 2):			
City:		State:	Zip:
Contact Person Name:			
Title:			
Phone # with area code:			
Email address:			
Site Administrator: (for on-line result reporting utility)			
**Physicians Names & NPI #'s			
Effective Date for Changes:			

Instructions for Completing Enrollment

Fill in each section of requested information. It is important that this information be current and accurate. Please fill out the whole form, not just any updated information.

What type of samples do you send: Clinical, Environmental, or Both? Answering this question will help us in identifying what services you need.

Name of Practice or Business: Fill in the name used to identify the business, practice, or organization.

Attention: (optional field) Fill in the name or title of the person to whom reports should be directed. It will appear with the mailing address on the test result report.

Mailing address: Fill in the location to which you want reports mailed. It may be either a street address or a P.O. Box address.

Phone # and Fax # with area code: Fill in the phone and fax numbers used to contact the area sending samples and receiving reports.

Courier #: Applies to health department or state agencies that use the state courier. If applicable, fill in the courier route # assigned to your facility. Otherwise, leave this field blank.

EIN/ Tax ID #: This is the federal tax identification number assigned to the organization or business.
*****This is a required field*****

Shipping address: Fill in the location to which you want supplies shipped. It must be a street address. If it is the same as the mailing address, you can leave this space blank.

Billing address for supplies: Fill in the location where you want invoices to go for supplies. If this is the same location as the shipping address, you can leave this space blank.

Contact person name, title, and email address: Fill in the identity of the primary contact person for this account along with phone number and email address. This is the person who will be contacted if there are questions about setting up the account or making changes to your account.

Site administrator: This is the name of the person who will be in charge of granting access to the on-line program for viewing reports from your account.

Physicians' Names and NPI #'s: This area is for all the Physicians to be listed for your facility along with their NPI numbers ***** THIS IS A REQUIRED FIELD*****

Effective Date for Changes: Fill in the date when the changes will be in effect.

*** If your practice needs access to our online test results, please contact us directly at (919) 733-3937.*