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940 Pennsylvania Boulevard, Suite E, Feasterville, PA 19053
40 Exchange Place, Suite 701 New York, NY 10005

New Physician Information Form:

Practice Name: _____

Doctor's Name: _____

Address: _____

Phone #: _____ **Fax #:** _____

Upin / NPI / License#: _____

Contact Person: _____

(responsible for specimens on Doctor's behalf)

Schedule of office hours for specimen collection:

| Days | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--------------------------|--------|---------|-----------|----------|--------|----------|--------|
| Office Hours | | | | | | | |
| Specimen Collection time | | | | | | | |