

Facility Information			
<i>Note: Please attach New Client Information form (unless already submitted)</i>			
Today's Date		Ordering Facility Name	
Ordering Facility Phone Number		Ordering Facility Fax Number	
Contact Name		Contact Phone Number	
Physician Information			
<i>Note: User Name will be first initial and last name, i.e. "jsmith." CMDX will forward login information.</i>			
Primary Physician Name		Secondary Physician Name (if desired)	
Primary Physician Title		Secondary Physician Title	
NPI #		NPI #	
Email Address (Required to receive email status notifications)		Email Address (Required to receive email status notifications)	
Tech-Only Program** (TOP) Only			
<input type="checkbox"/> E-sign (Requires a 300x75 bitmap image of your signature)		<input type="checkbox"/> Manual (After printing completed report, manually sign on the signature line)	
Primary Physician Signature Line (As it should appear on report, i.e. John Smith, M.D., FACMG)			
Name		If signature exceeds box, please fax a copy of your signature to the fax number below	
Title (i.e. Laboratory Director)			
Secondary Physician Signature Line (if applicable)		<input type="checkbox"/> Yes, I wish to include a secondary physician <input type="checkbox"/> No, Secondary physician not needed	
Name		If signature exceeds box, please fax a copy of your signature to the fax number below	
Title (i.e. Laboratory Director)			
Computer Operating System			
Circle one below:		Internet Browser Name & Version:	
2000 XP Vista Other:			
IT Contact Name:	Phone:	Email:	Are your computers networked?
			Yes No
Required Documents			
<i>Please email to clientservices@cmdiagnostics.com, then mail hard copy to address below</i>			
<input type="checkbox"/>	PDF copy of your letterhead		
<input type="checkbox"/>	PDF copy of physician's signature(s) [May also be faxed to the number below]		
<input type="checkbox"/>			
CMDX Use Only			
			Client ID #

Global & TOP

TOP Only

***Global View-** Virtual Information Portal (VIP) provides anytime-anywhere access to your full color reports. Archived reports via secure internet transmission (SSL), as well as worklist-driven access to all your patient information.

****TOP-** All the benefits of Global View, plus customized full color reports on your letterhead with your own analysis and interpretation from clear, easy-to-interpret data driven by superior array performance.

Please fax this completed form back to Client Services @ (949) 753-4725

Information collected on this form is used solely for the purpose of the CMDX Virtual Information Portal (VIP). This information will be handled and stored in accordance with HIPAA guidelines and will not be sold or used for other reasons.

