

Accuracy Monitoring – CEQAL Order Form

Today's Date: _____

This request is for enrollment year: _____

Identification Information

WSLH PT ID#

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Current / previous customer account ID (if known)

CLIA ID#

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☐ Check box if application in progress and CLIA ID# not yet received

Contact Information Of Person Completing This Form

Facility Name

Contact Name

Phone

Email

Demographic Information

Fill in ONLY if new customer or information is different than PT enrollment.

Shipping Information

Facility Name

Contact Name

Street Address

Apt, Suite, Bldg. (optional)

City

State/Province/Region

Postal/Zip Code

Country

Phone

Fax

Email

Billing Information Check here if same as shipping information ☐

Facility Name

Contact Name

Street Address

Apt, Suite, Bldg. (optional)

City

State/Province/Region

Postal/Zip Code

Country

Phone

Fax

Email

Order Information

Product Name/Description	Item#	Price	Quantity	Total Price
HbA1c Monitoring	A1C2x3	\$215.00		
Creatinine/eGFR Monitoring	CRE2x3	\$435.00		
Liver Function Monitoring	LFM2x3	\$435.00		
Lipids Monitoring	LIP2x3	\$435.00		
Total Cholesterol CDC Certification	TCC2x6	\$525.00		
Neonatal Bilirubin Monitoring	NBM2x5	\$375.00		
Therapeutic Drug Monitoring	TDM2x3	\$375.00		
Urinary Albumin Monitoring	UAM2x3	\$395.00		
Vitamin D Monitoring	VDM2x3	\$405.00		
Thyroid Monitoring	THY2x3	\$415.00		
Testosterone Monitoring	TES2x3	\$435.00		
			Total	

Payment Information

Purchase Order (PO#) - optional

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VISA/MC: If you wish to pay by credit card, please wait for your invoice for instructions.