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Request electronic ordering and/or reporting through The Pathology Laboratory

Please provide as much information as possible

Practice Name:

Providers at Practice:

Practice Address:

Contact Name:

Email:

Electronic Health Record Vendor (EHR or EMR):

Type of Interface Requested

Bi-directional (orders and results) or Uni-directional (results only):

Anatomic testing (surgical specimens, PAPs, etc.), Clinical testing (bloodwork, cultures, Chlamydia/Gonorrhea, etc.) or Anatomic and Clinical testing:

Please send the completed document to Julia Pittman at jpittman@thepathlab.com