

Pathology Services New Client Registration

1-800-544-5205 option 2 Fax: 916-372-2783 E-mail: RST@idexx.com

Company Name:			
Address:		City:	State: ZIP:
Directions to Facility:			
Company Phone #:		Company Fax #:	
Pick-up Location:		Lock Box: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type (s) of Research:			
Contact Person (s):	Phone #:	Fax #:	E-Mail address:

Billing Information: Blanket Purchase Order No.:		Cost Center:	
Contact Person:	Phone #	Fax #:	
Address:	City:	State:	ZIP:

Date & Signature of Person Completing this Form:

IDEXX Use Only				
Antrim Account #:		Antrim Account setup Complete (Date & Initials):		
SAP Account #:		SAP Account setup Complete (Date & Initials):		
Startup Materials Sent (list): _____				
Via: <input type="checkbox"/> Fed Ex <input type="checkbox"/> Courier <input type="checkbox"/> Mail By (Date & Initials):				
Copy Sent to Transportation Dept.(given to):				
Copy Sent to Pre-clinical Research Business Manager:				

Route Numbers:	Afternoon:	Evening:	Sat:	Sun:
Pick-up Cut-off Time	Afternoon:	Evening:	Sat:	Sun:
Pick-up Location:		After Hours Location:		
Transportation setup by (Date & Initials):				

Send completed forms to the Research Support Team electronically at RST@idexx.com or via fax at 916-372-2783.