



P: (214) 382-9960
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www.cabotlab.com
Lab Director: Pejman Rahimian,
PhD, HCLD (ABB), MLS (ASCP)
CLIA ID# 37D2057496

New Client Information Form (NCI) : Provider Portal & Ordering Provider Update Form

Please complete and send to clientservices@cabotlab.com

Facility Information

Facility Name: _____ Facility NPI #: _____ Date: _____

Provider Portal User Additions/Removals

☐ Add User ☐ Remove User Date Effective: _____

First Name: _____ Last Name: _____ Title: _____

Email: _____ Phone No: _____ Ext: _____

For Removal Only - Username: _____ Password: _____

☐ Add User ☐ Remove User Date Effective: _____

First Name: _____ Last Name: _____ Title: _____

Email: _____ Phone No: _____ Ext: _____

For Removal Only - Username: _____ Password: _____

☐ Add User ☐ Remove User Date Effective: _____

First Name: _____ Last Name: _____ Title: _____

Email: _____ Phone No: _____ Ext: _____

For Removal Only - Username: _____ Password: _____

☐ Add User ☐ Remove User Date Effective: _____

First Name: _____ Last Name: _____ Title: _____

Email: _____ Phone No: _____ Ext: _____

For Removal Only - Username: _____ Password: _____

Authorization of Addition/Removal (Stamp or electronic signatures are not acceptable. Handwritten/Wet Signatures are required.)

Authorized Requester Name: _____ Signature: _____

Position: _____ Date: _____



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Ordering Provider Additions/Removal

As a provider, I acknowledge that I am authorized to order laboratory tests. I understand that Cabot Lab, LLC ("Cabot Lab") requires each lab requisition or order submitted to be signed by a provider and that each signature must be a legible, handwritten, full signature with credentials, handwritten initials, or electronic signature. Stamped signatures are not acceptable. Documentation with initials or illegible signatures must include a signature log with a typed or printed name, credentials, and a sample of the signature and initials.

Additionally, I acknowledge and authorize that my signature below may be used by Cabot Lab as my electronic signature for electronic test orders through the Client Web Portal or other electronic ordering platforms, such as electronic medical records, as necessary, for all future orders and any previous orders. Further, to the extent that any paper requisition/test orders are or were submitted without the required legible, handwritten, full signature with credentials, I authorize the past, present, and future reliance on and use of my signature below to support Cabot Lab performing the tests listed on these requisitions/orders.

By way of my signature below, I approve Client Web Portal access to individuals listed under account information and I acknowledge receipt of the equipment and accessories provided by Cabot Lab. I understand and agree that the equipment and accessories provided shall be utilized by the Practice solely and exclusively in connection with Cabot Lab laboratory testing and services only. I also agree that the equipment and accessories shall be kept and used at the location assigned by Cabot Lab and will not be transferred, moved to, or utilized by another establishment.

I understand that any electronic equipment provided may require appropriate safeguards, and I agree to implement such administrative, physical, or technical safeguards, as necessary, to comply with HIPAA and HITECH. I further agree to immediately notify Cabot Lab of any loss, theft, or damage to any equipment or accessories issued by Cabot Lab by contacting Client Services at 214-382-9960 or clientservices@cabotlab.com.

I also acknowledge that Cabot Lab shall always retain ownership of the equipment and accessories. I agree to exercise due care concerning the equipment and accessories and will use my best efforts to safeguard the equipment and accessories from damage, destruction, or misuse. I understand that the electronic equipment and all original accessories, components, and attachments shall be returned in good operating condition.

Electronic signatures for test ordering: (Stamp or electronic signatures are not acceptable. Handwritten/Wet Signatures are required.)

☐ Add Physician ☐ Remove Physician Date Effective: _____

Clinician Signature: { _____ } Clinician Initials (if used for signature): _____

Clinician Name: _____

Credentials: _____ Clinician Email: _____

Clinician NPI: _____ Clinician Clinic/Group: _____

☐ Add Physician ☐ Remove Physician Date Effective: _____

Clinician Signature: { _____ } Clinician Initials (if used for signature): _____

Clinician Name: _____

Credentials: _____ Clinician Email: _____

Clinician NPI: _____ Clinician Clinic/Group: _____

☐ Add Physician ☐ Remove Physician Date Effective: _____

Clinician Signature: { _____ } Clinician Initials (if used for signature): _____

Clinician Name: _____

Credentials: _____ Clinician Email: _____

Clinician NPI: _____ Clinician Clinic/Group: _____

Authorization of Addition/Removal

Authorized Requester Name: _____ Signature: _____

Position: _____ Date: _____