

## Service Request

Facility Name: \_\_\_\_\_

Phone:

(\_\_\_\_) \_\_\_\_\_

Fax:

(\_\_\_\_) \_\_\_\_\_

Mailing  
Address:

\_\_\_\_\_  
\_\_\_\_\_

Office  
Contact/Title

Phone:

Fax:

email:

Samples:

Start Date: \_\_\_\_\_ Preferred Collection Day(s): Mon Tue Wed Thur Fri (circle days)

Time: \_\_\_\_\_ AM PM

Results Delivery Method:

( ) FAX ( ) Access for Physician Portal (login will be provided) ( ) Hand Deliver by Courier

**IMPORTANT:** Service will not begin until form is returned to Florida Laboratory Analysis Client Services' department.

Fax to: 904-800-1307 or email: [jwilliams@floridalaboratoryanalysis.com](mailto:jwilliams@floridalaboratoryanalysis.com)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_