



ALLETLESS MEDICAL LABORATORY

CLIA #22D0080258

14 Howard Street, Rockland, MA 02370

PHONE: 800.225.5404 or 781.871.4426 FAX: 781.871.4182 | www.foodallergy.com

ACCOUNT AGREEMENT | U.S.A. (EXCLUDING NEW YORK)

102320

Practitioner Last Name:		Practitioner First Name:		Professional Degree:	
NPI#:		Professional License #:		State License Issued:	
Clinic Name:					
Email:		Phone:		Fax:	
Address:					
City/Town:			State:	Zip/Postal Code:	Country:
Accounts Payable Dept. Contact:		Accounts Payable Phone:		Accounts Payable Email:	

Test Kits Requested:

Serum: 2 4

All of our tests can be run using serum.

Finger Stick: 2 4

The 96/184 IgG food sensitivity and the Candida IgG, IgA, IgM tests are available as finger stick (dried blood spot).

Additional test kits can be ordered through the clinicians portal on our website, www.foodallergy.com, by fax or by phone.

Test Result Delivery:

Electronic PDF

Clients will be emailed when test results are released and available for download through ShareFile, a secure, cloud-based, HIPAA compliant platform.

List result notification email address(es) below:

or

Hard Copy

Results are mailed via United States Postal Service.

Payment Options:

Please choose preferred option

Patient Prepay
Payment must be submitted with the sample.

Bill to Clinician
Mastercard, Visa or Discover. Your CC will be charged to establish credit on receipt of the first sample. You will be invoiced monthly thereafter.

Card #:	
Name on Card:	Exp. Date:
Signature:	

Have you previously ordered testing from Alletess Medical Laboratory?

Yes No

If yes, an Alletess rep will contact you to update account

Please tell us how you heard of Alletess Medical Laboratory:

Patient Online Search

Colleague _____
Referring Colleague

Conference/Seminar _____
Details of Conference/Seminar

Signature (REQUIRED)

I confirm that I, (print name) _____, meet all state licensure requirements and am authorized to order clinical laboratory testing.

Signature: _____ Date: _____