OC LABS
Your Personal Medical Laboratory

NEW CLIENT REGISTRATION PACKAGE

Client Registration

Complete electronically or print clearly. Submit through the secure upload instructions at orangecountylabs.com.

PRACTICE INFORMATION

Legal practice name _____ **Registration date** _____

Street address _____ **Suite** _____ **Tax ID / EIN** _____

City _____ **State** _____ **ZIP code** _____ **Main phone** _____

Website _____ **Fax** _____ **Group NPI** _____

SERVICES OF INTEREST

☐ Clinical chemistry ☐ Molecular testing ☐ Women's health

☐ Genetics ☐ Toxicology ☐ Mobile collection

PRACTICE CONTACTS

Primary clinical contact _____ **Email** _____ **Phone** _____

Operations contact _____ **Email** _____ **Phone** _____

Billing contact _____ **Email** _____ **Phone** _____

SPECIMEN LOGISTICS AND RESULTS

Estimated weekly volume ☐ <25 ☐ 26–50 ☐ 51–100 ☐ 101–200 ☐ >200

Preferred transport ☐ OC Labs courier ☐ Client drop-off ☐ FedEx ☐ UPS

Preferred result delivery ☐ Secure portal ☐ Fax ☐ Secure email ☐ EMR interface

Requested pickup days / times _____

Ordering Providers

List each practitioner who will order testing. Attach an additional provider roster if more space is needed.

PROVIDER 1

Full legal name | **Credentials** | **Specialty**

Individual NPI | **Professional license no.** | **Medicare PTAN (if applicable)**

PROVIDER 2

Full legal name | **Credentials** | **Specialty**

Individual NPI | **Professional license no.** | **Medicare PTAN (if applicable)**

PROVIDER 3

Full legal name | **Credentials** | **Specialty**

Individual NPI | **Professional license no.** | **Medicare PTAN (if applicable)**

PROVIDER 4

Full legal name | **Credentials** | **Specialty**

Individual NPI | **Professional license no.** | **Medicare PTAN (if applicable)**

PROVIDER 5

Full legal name | **Credentials** | **Specialty**

Individual NPI | **Professional license no.** | **Medicare PTAN (if applicable)**

Credentialing note: OC Labs may request supporting licensure, enrollment or authorization records as necessary to establish ordering access and comply with payer or regulatory requirements.

OC LABS
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Provider Certification & Authorization

ATTORNEY-REVIEW DRAFT — CONFIRM BEFORE PUBLIC RELEASE

1. Authorized testing

I authorize Orange County Labs, Inc. (OC Labs) and, when applicable, its properly contracted reference laboratories to perform tests ordered for my patients through valid requisitions, electronic orders or approved ordering workflows.

2. Medical necessity and documentation

I am responsible for determining that each ordered test is clinically appropriate and medically necessary, documenting the order in the patient record, and providing complete diagnosis information and supporting records when required by law, regulation or payer policy.

3. Test selection

I understand that standing orders, custom profiles and order sets must be reviewed for each patient and must not replace individualized clinical judgment. I may modify or discontinue an order set at any time.

4. Billing cooperation

I understand that OC Labs may bill the patient or a third-party payer for ordered services. I will provide requested signed orders and supporting documentation within the timeframe reasonably required for billing, audit or compliance purposes.

5. Coverage policies

I understand that applicable Medicare National Coverage Determinations, Local Coverage Determinations and other payer policies may affect coverage. Coverage is not guaranteed by the acceptance of a specimen or order.

6. Items and services

Any collection items, supplies or devices furnished by OC Labs are provided only for legitimate specimen collection and transport connected with laboratory services and must be handled in accordance with applicable fraud-and-abuse laws and written OC Labs policies.

7. Portal signature authorization

If separately authorized below, OC Labs may store and apply my electronic signature solely to laboratory orders or records that I have reviewed or otherwise validly authorized. I may revoke this permission prospectively by written notice, subject to legal record-retention requirements.

☐ I authorize the limited electronic-signature use described in Section 7.

Practitioner name _____

Individual NPI _____

Date _____

Practitioner signature _____

Portal Access & Initial Supplies

ATTORNEY-REVIEW DRAFT — CONFIRM PORTAL TERMS BEFORE PUBLIC RELEASE

AUTHORIZED PORTAL USERS

User name	Work email	Role / title

Each user receives individual credentials. Users must protect passwords, access only information required for legitimate healthcare or operational purposes, log out when access is unattended, safeguard printed records, and promptly report suspected unauthorized access or disclosure to OC Labs at 714-894-1591. Access may be monitored, audited, modified or terminated by OC Labs.

PORTAL ACKNOWLEDGEMENT

☐ I acknowledge the portal privacy and security requirements above and applicable HIPAA and state privacy obligations.

Authorized representative _____ **Signature** _____ **Date** _____

INITIAL SUPPLY REQUEST

Specimen cups		**Specimen bags**	
SST tubes		**Lavender tubes**	
Red-top tubes		**Gray-top tubes**	
Collection swabs		**Urine transfer tubes**	
Needles / hubs		**Requisition forms**	
Shipping materials		**Other**	

Special instructions

Supply quantities and delivery methods are subject to approval, service needs, availability and applicable compliance policies.