SAN LUIS OBISPO COUNTY
Public Health Laboratory

Phone: (805) 781-5507 Fax: (805) 781-1023 www.sloPublicHealth.org/lab

NEW CUSTOMER ENROLLMENT FORM

Customer ID Number

LAB USE ONLY

Please complete this two (2) page form and either email (Submit by Email" button on page 2)
-*or*- print the form ("Print Form" button) and fax it to (805)781-1023

Print Form

Current Date

Reset Form

Submitter Name: FIRST M.I. LAST

Organization:

Street Address:

City: State: Zip Code:

Enter Phone with area code using no dashes or ()

Phone: Ext.

Enter Fax with area code using no dashes or ()

FAX:

Contact Name: FIRST M.I. LAST

Enter Phone with area code using no dashes or ()

Contact Phone: Ext.

Enter Fax with area code using no dashes or ()

Contact Fax:

Contact Email Address:

For Medical Practices, please list the full name of all physicians (skip to page 2 if not applicable)

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

2191 Johnson Avenue, San Luis Obispo, CA 93401

TESTING NEEDS: Please check all that apply and fill in details for each

☐ 1. Clinical 1.

☐ 2. Environmental 2.

☐ 3. Animal 3.

KITS and SUPPLIES Needed - please explain in detail including amount(s) needed

1.

2.

3.

4.

5.

Requisitions Needed	Number Needed	Description
☐ Clinical Requisition 100 (single physician)		
☐ Clinical Requisition 101 (multiple physicians)		
☐ Environmental Requisition 200 (single sample)		
☐ Environmental Requisition 201 (multiple samples)		
☐ Animal Requisition 300		

Comments

Submit by Email *OR* Print Form Fax to: 805-781-1023 Reset Form

LAB USE ONLY - DO NOT FILL-IN BELOW THIS LINE

Create User Steps

Date Entered: By:

User Name Initial Password:

Delete User Steps

Date Removed: By:

2191 Johnson Avenue, San Luis Obispo, CA 93401