

NMS LABS Client Portal Order Testing Registration Form

<p>The following technology requirements must be met.</p> <ol style="list-style-type: none"> 1. My IT department will allow a label printer to be installed. 2. My IT department will allow software to be installed that will allow communication between the client portal and the label printer. 3. Contact Information <i>(required)</i>: Name: _____ Phone #: _____ Email: _____ 	Date:	
	Account Number:	
	Account Name:	

To customize your account, please specify the tests you plan to order most commonly:

Test #	Test Number	Test Name	Test #	Test Number	Test Name
#1			#6		
#2			#7		
#3			#8		
#4			#9		
#5			#10		

Please provide information for each individual user requiring online access. Each user must have different email addresses.

User # 1			
Name		Email Address	
First Name		Last Name	
User Roles: Order Entry Only Report Delivery Only BOTH (Order Entry and Report Delivery)			
User # 2			
Name		Email Address	
First Name		Last Name	
User Roles: Order Entry Only Report Delivery Only BOTH (Order Entry and Report Delivery)			
User # 3			
Name		Email Address	
First Name		Last Name	
User Roles: Order Entry Only Report Delivery Only BOTH (Order Entry and Report Delivery)			
User # 4			
Name		Email Address	
First Name		Last Name	
User Roles: Order Entry Only Report Delivery Only BOTH (Order Entry and Report Delivery)			
User # 5			
Name		Email Address	
First Name		Last Name	
User Roles: Order Entry Only Report Delivery Only BOTH (Order Entry and Report Delivery)			
User # 6			
Name		Email Address	
First Name		Last Name	
User Roles: Order Entry Only Report Delivery Only BOTH (Order Entry and Report Delivery)			
User # 7			
Name		Email Address	
First Name		Last Name	
User Roles: Order Entry Only Report Delivery Only BOTH (Order Entry and Report Delivery)			

Internal Use Only:

<input type="checkbox"/> Webportal Start-up Kit sent	Supply order # _____
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Please email completed form to: webportal@nmslabs.com