



## SAMPLE SUBMISSION FORM

Customers **MUST** be licensed professionals to place orders. Customer's license number is required for all orders.

**Submitting Agency Information (the party that will receive the laboratory report [no private individuals]):**

Have you used NMS Labs before?	NO	YES
Company Name: _____		
Address: _____		
City: _____	State: _____	Zip Code: _____
Contact Person: _____		
Phone: _____	Fax: (Required) _____	
Email: _____		
Authorized Provider #:	(Attorney's bar # or Medical Professional license # and expiration date)	
Payment Information	Business Check # _____	Business Credit Card (see page 2 for Credit Card Form)

*The submitting client on record is responsible for payment of all charges associated with the submitted case in the event the credit card is declined.*

**Patient /Sample Information (information pertaining to the individual whose sample is submitted):**

Patient/Case ID: _____	
Subject Name (Last, First): _____	
DOB (mm/dd/yyyy): _____	Gender: _____
Collection Date: _____	Collection Time (Military): _____
Specimen Type: _____	Specimen Source: _____
History: _____	

**\*Return Sample(s):** Yes Add'l fees apply ; enter address below No Discard samples

Return Address

(Required if YES above): \_\_\_\_\_

*\*Failure to notify NMS Labs in writing of a request for storage beyond the routine period(s) will be considered authorization to discard or destroy the specimen(s).*

**Test Request(s) (supply test code as well as name of test):**

Test Number	Test Name

Do Not Micro:(performed on dilution)

Do Not Consume:(use all sample)

**Chain of Custody (start with submitting agency (hospital, crime lab) – Use only if necessary:**

Date	Relinquished By	Received By	Purpose of Transfer

SAMPLE SUBMISSION





## NMS Labs Credit Card Authorization Form

All fees must be pre-paid prior to beginning any testing/services ordered on this case.

By signing below, the credit card holder agrees to pay all fees associated with the testing services requested by the authorized agent ordering such services. Invoices are generated at the end of each month. The charge(s) will appear on your credit card statement as "National Medical Services."

Please provide the Visa, MasterCard or American Express card number, expiration date, security code (3-digit code on the back of the card at the end of the card number) and name as it appears on the card.

**Note: Personal credit cards or checks are not accepted.**

Card Holder Name: \_\_\_\_\_

Name as it appears on card (if different): \_\_\_\_\_

Billing Address: \_\_\_\_\_

Card Holder's Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email Address \_\_\_\_\_

Receipt should be sent via      Fax      Email (please chose one)

### Credit Card Information:

Visa #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ 3-digit security code: \_\_\_\_\_

MasterCard #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ 3-digit security code: \_\_\_\_\_

American Exp #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ 4-digit security code: \_\_\_\_\_

NMS Labs will not discuss any information concerning the case with any facility/agency or individual without permission from the client facility/agency submitting the sample(s). The submitting client on record is the authorized agent ordering the analyses and the location to receive the final results (unless otherwise instructed).

*I hereby authorize NMS Labs to charge the credit card number I have provided as payment for all analyses associated with the submitted case. By signing my name below, I agree I am responsible for payment for services rendered in full.*

### Credit Card Holder:

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

### For NMS Use Only:

CSR: \_\_\_\_\_ Date sent: \_\_\_\_\_

NMS Labs Case / WO# \_\_\_\_\_

## CREDIT AUTHORIZATION

