

NORTH CAROLINA STATE LABORATORY OF PUBLIC HEALTH
306 N. Wilmington Street, Bath Building
Raleigh, North Carolina 27601
Telephone: 919-733-7834 Fax: 919-733-8695

Use this form for initial enrollment in the NC State Laboratory of Public Health provider database, or to change your information when there has been a change of ownership, name, address, contact person, etc. Fill out complete form; see page 2 for instructions. When completed, fax it to 919-733-8695.

Please mark correct boxes: **New Client** **Change of Ownership** **Other Changes**
 What types of samples do you send? **Clinical** **Environmental** **Both Clinical & Environmental**

| | | | |
|---|------------------------|------------|--|
| Name of Practice or Business: | | | |
| (optional) Attention: | | | |
| Mailing address (line 1): | | | |
| Mailing address (line 2): | | | |
| City: | | Courier #: | |
| County: | State: | Zip: | |
| Phone # with area code: | | | |
| Primary Fax # with area code: | | | |
| Current EIN/Tax ID #: | Previous EIN/Tax ID #: | | |
| Shipping address: (if different from above) | | | |
| Shipping address (line 2): | | | |
| City: | State: | Zip: | |
| Billing address for supplies: (if different from shipping address) | | | |
| Billing address (line 2): | | | |
| City: | State: | Zip: | |
| Contact Person Name: | | | |
| Title: | | | |
| Phone # with area code: | | | |
| Email address: | | | |
| Site Administrator: (for on-line result reporting utility) | | | |
| <i>Effective Date for Changes:</i> | | | |

Please fax completed form to 919-733-8695

Instructions for Completing Enrollment / Change of Address Form

Fill in each section of requested information. It is important that this information be current and accurate. Please fill out the whole form, not just the updated information.

New Client: Mark this box if you have not previously sent specimens to the NCSLPH

Change of Ownership: Mark this box if you have had a change in tax identification number (EIN).

Change of Information: Mark this box if you are already a client but need to change your address, phone number, EIN, or other information.

What type of samples do you send: Clinical, Environmental, or both? Answering this question will help us in identifying what services you need.

Name of Practice or Business: Fill in the name used to identify the business, practice, or organization

Attention: (optional field) Fill in the name or title of the person to whom reports should be directed. It will appear with the mailing address on the test result report.

Mailing address: Fill in the location to which you want reports mailed. It may be either a street address or a P.O. Box address.

Phone # and Fax # with area code: Fill in the phone and fax numbers used to contact the area sending samples and receiving reports.

Courier #: Applies to health department or state agencies that use a state courier. If applicable, fill in the courier route # assigned to your facility. Otherwise, leave this field blank.

EIN/TaxID#: This is the federal tax identification number assigned to the organization or business.
This is a required field

Previous EIN/Tax ID#: If you are notifying us to change your EIN/Tax ID#, fill in the one previously associated with your organization or business.

Shipping address: Fill in the location to which you want supplies shipped. It must be a street address. If it is the same as the mailing address, you can leave this space blank.

Billing address for supplies: Fill in the location where you want the invoice to go for supplies. If this is the same location as the shipping address, you can leave this space blank.

Contact person name, title, and email address: Fill in the identity of the primary contact person for this account along with phone number and email address. This is the person who will be contacted if there are questions about setting up the account or making changes to your account.

Site administrator: This is the name of the person who will be in charge of granting access to the on-line program for viewing reports from your account.

Effective Date for Changes: Fill in the date when the changes will be in effect.