

# Beaumont Laboratory

**QUESTIONS PHONE:**

(800) 551-0488

(248) 551-1155

**FAX COMPLETED FORM TO:**

(248) 551-1151

<b>CLIENT REQUEST FORM</b>		
<b>LABORATORY INFORMATION</b>		
Facility Name:		
Laboratory Name:		
Medical / Laboratory Director:		
Address:		
City:	State:	Zip:
Lab Phone # for questions:	E-mail:	
Primary Contact Name:	Job Title:	
Direct Phone:	Direct E-mail:	
Main Results Fax:	Alternate Fax:	
To ensure confidentiality, results will only be sent to the FAX number(s) listed above		
<b>For Beaumont Laboratory Use</b>		
Sales Rep:	Date:	
Client Account Number:	Customer ID:	
Established by:	Date:	
All new client registrations require a signature by a representative of the client who is signing agrees and guarantees payment. A signed form must be on file before tests can be resulted		

**Beaumont Laboratory****Customer Service****1-800-551-0488**3811 West 13 Mile Road  
Royal Oak, MI 48073-6769<http://www.beaumont.edu/labs>[BLCustomerService@Beaumont.edu](mailto:BLCustomerService@Beaumont.edu)

*Printed copies of this document are not considered up-to-date. Please verify current version date with online document.*

**Beaumont**® | **HEALTH  
SYSTEM**