

Date

## SPECIMEN COLLECTOR REQUEST FORM

If requesting a specimen collector, please complete this form and submit to 800.435.4057 or hello@gibsondx.com

Practice name

Practice phone

### APPLICANT INFORMATION

Specimen collector identified:  Yes  No

Applicant name (if identified)

Employment status:  Full-time  Part-time

Applicant email

Applicant phone

Anticipated start date

Expected hours per week

### EQUIPMENT

Laptop needed:  Yes  No

Practice's guest wifi name

Practice's guest wifi password

### COMPLIANCE DEPARTMENT USE ONLY

NPI Registry Verified  Yes  No

OIG Exclusion List Verified  Yes  No

State Medical Board Cleared  Yes  No

Specimen Collector Exclusion  Yes  No

State Laboratory Licensure  Required  Current  Expired  Not required