



Pathology and Laboratory Medicine
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 Detroit, MI 48202
 855.916.4DNA (4362)

**CENTER FOR
 PRECISION DIAGNOSTICS**

Provider Intake Form- Multiple Physicians

OFFICE NAME AND ADDRESS
 CLIENT: _____

Contact: FULL NAME _____
 PHONE NUMBER _____

EMAIL ADDRESS _____

Results will be faxed to
 the number listed below

Provider's Full First and Last Name	NPI	Address if Different that noted above City/State/Zip	Phone/Fax
			P: F:
			P: F:
			P: F:
			P: F:
			P: F:

Return completed form to: hfcpd@hfhs.org or fax to 313-916-7071 Attention: CENTER FOR PRECISION DIAGNOSTICS

LAB USE ONLY Entered into PMA and Atlas _____