

Beaumont Laboratory

QUESTIONS PHONE:

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CLIENT REQUEST FORM		
LABORATORY INFORMATION		
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		
For Beaumont Laboratory Use		
Sales Rep:	Date:	
Client Account Number:	Customer ID:	
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Beaumont Laboratory

Customer Service

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HEALTH