

FORWARD EDGE - Harris County

Department Nm: Phone: Enrollment Date:
Physical Addr: City: State: Zip:
Mail Addr: City: State: Zip:

Harris County Contact Information

Contact First Name: L Name:
Physical Addr: City: State: Zip:
Mail Addr: City: State: Zip:
Phone # Fax # email:

Billing Contact Information

Contact First Name: L Name:
Addr: City: State: Zip:
Phone # Fax # email:
Purchase Order #: PO Required FED Tax ID :

Testing Results Contact Information

1st Contact First Name: L Name:
Phone # Ext: Fax # email:
Web Security Login User Name Password

2nd Contact First Name: L Name:
Phone # Ext: Fax # email:
Web Security Login User Name Password

3rd Contact First Name: L Name:
Phone # Ext: Fax # email:
Web Security Login User Name Password

Result Addr: City: State: Zip:

Compliance Contact Information

Phone # Exclude Compliance EMail Form To: Pool
Distrib. Roster Full Name Fax # email: Level Annual Draw Rates

Randoms

Untested Randoms

Population Ctn

Account Type

Client Instructions

Clinic Instructions

Billing Instructions

Collection Information: Please enter the FEI Collection Site ID below from the list, max of (4).

Medical Review Officier (MRO):

Dr. Wayne Keller, 1209 Genoa Rebluff, Ste. A, Pasadena, Texas 77504