HENRY FORD HEALTH℠

# Client Request Form

Interested in becoming a Henry Ford Medical Laboratories client?

Complete this form and our Outreach team will review your request.

## Practice information

**Practice / organization name**

**Medical specialty**

**Practice address**

**City**

**State**

**ZIP**

**Main phone**

**Number of providers**

## Primary contact

**Name**

**Title**

**Email**

**Phone**

## Laboratory needs

**Current laboratory**

**Estimated specimens / draws per day**

**Number of locations**

**Requested start date**

**Services needed**

- ☐ Routine testing
- ☐ Specialty testing
- ☐ Courier pickup
- ☐ Lab supplies
- ☐ EMR / interface

**Briefly tell us about your laboratory needs**

**Submit your completed form**

Email this form to: **LaboratoryCustomerService@hfhs.org**

*Submission of this form does not guarantee approval as an HFML client.*