

**Aeron Laboratory**  
**New Account Form**  
Fax to: (510) 729-0383

Please complete this form to request an account with Aeron LifeCycles Clinical Laboratory. Collection supplies, customized requisition forms, and staff education will be provided after an Aeron representative has qualified your account. Please complete the requested information and check the appropriate boxes.

Medical Provider: \_\_\_\_\_ Specialty: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**NPI:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Hours: M T W Th F \_\_\_\_\_ Contact: \_\_\_\_\_

**PAYMENT OPTIONS** (choose one):

**Doctor Pay** – Aeron will invoice the practice or charge the below credit card monthly for the samples received. A 25% discount off the list price would apply. Kits do not include pricing.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Patient Pay** – Patient sends in payment to Aeron with their sample. Kits include pricing information.

**SUPPLIES** – (provided at no charge for you to dispense to your patients)

**SALIVA**       1 single collection kit                       5 single kits                       10 single kit

5 multiples (cortisol or melatonin X4)                       10 multiples

5 PeriPanel kits (estradiol, progesterone x 5)

**URINE**       5 Deoxypyridinoline Dpd kits (bone loss marker)       10 Dpd kits

**COMPREHENSIVE/BONE HEALTH** (Combination of single collection saliva & DPD urine kits)

5 kits                       10 kits

**RESULTS**

All results will be automatically mailed to your practice. For your convenience results may also be sent to your patient.                       **Doctor and Patient**       **Doctor only**

I have read and understand the custom panels and fees for my practice and patients and wish to begin testing.

Signature of Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Aeron LifeCycles Clinical Laboratory \* 1933 Davis Street, Suite 310 \* San Leandro, CA 94577

(800) 631-7900 \* FAX (510) 729-0383 \* [www.aeron.com](http://www.aeron.com)