

Date: _____

To: Current and Prospective Mycotoxin & Environmental Testing Clients of RealTime Laboratories

Dear Environmental Professional:

In an on-going Quality Assurance program at RealTime Laboratories, Inc., and to remain in compliance with HIPAA, College of American Pathology, and CLIA regulations, we are required to monitor who requests access to our laboratory testing protocols.

Please provide the required information in the attached form and return it within 5 working days. We cannot provide testing services without that information on file.

Respectfully,

Management, RealTime Laboratories, Inc

 972.492.0419

 972.243.7759

4100 Fairway Court, Suite 600
Carrollton, TX 75010

CAP #7210193 CLIA #: 45D1051736

www.RealTimeLab.com



Please fax completed paperwork to 972-532-9955

Date: _____

Name of Primary Account Holder: _____

Business Name & Address: _____

State Business License Number: _____

Phone Number: _____

Fax Number: _____

Email: _____

RTL test results are provided to you through an encrypted email system. Please add results@realtimelab.com to your contacts to avoid having these important emails go into spam or junk mail.

Complete business information is REQUIRED in order for RTL to process specimens.

FREE Physician and Inspector Referral Program

Our Patient Navigators receive hundreds of calls from potential new patients looking for medical help related to known or suspected mold exposure. We refer patients to health care practitioners and inspectors in their area every day. If you would like to be added to this list of inspectors, please check here now _____.

Please fax completed paperwork to 972-532-9955

Respectfully,

Management, RealTime Laboratories, Inc

