In-Common Laboratories
www.ICLabs.ca

HEALTHCARE PRACTITIONER REGISTRATION FORM

Please complete and return to ICL Client Care by email at info@ICLabs.ca or by fax at 416.385.1957

PRACTITIONER

Name: _____ **License Number:** _____

Membership in good standing:

☐ College of Naturopaths of Ontario ☐ College of Physicians and Surgeons of Ontario

☐ Other:

PRACTICE

Name of Practice: *(Optional)*					
Street Address:					
City:		Province:		Postal Code:	
Phone:		Fax:			
Administrative/Office Contact: *(Optional)*					

RESULTS REPORTING

ICL reports are delivered by ICL Copia Portal. User name and temporary password will be provided upon registration.

Report notification to be sent to email address: _____

Optional: Secure fax to receive reports/PHI: _____

(To ensure privacy fax unit must be located in a secure area without public access)

Critical Results Reporting 24 Hour Phone Number:	

INVOICING

☐ Same as Practice

Name:					
Street Address:					
City:		Province:		Postal Code:	
Phone:		Fax:			
Accounting Contact:					

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TERMS	
Fees:	Refer to ICL Integrative Laboratory Services Price List. Prices are subject to change with 30 days' notice
Payment:	Payment due upon receipt of invoice. Pre-authorized credit card payment will be processed on 20th of each month. Outstanding balance over 90 days will be subject to 3% interest rate ☐ Pre Authorized Credit card – see form attached ☐ Cheque
Specimens:	Specimens must be collected and shipped in accordance to appropriate regulations.
Supplies:	ICL can provide kits and collection supplies. Shipping Fees for collection kits may apply for non-Ontario clients.
Email:	By registering with ICL you agree to receive notifications regarding updates to ICL tests and services. If you wish to opt out from receiving notifications, please contact ICL at **info@iclabs.ca**

Acknowledgement

I have read and I understand the Terms and would like to create an ICL Integrative Laboratory Services Account.

Signature: _____ **Date:** _____

Print Name: _____

For ICL use:

_____