

## COVID-19 TESTING

### FACILITY CODE REQUEST FORM

**ALL FIELDS ARE REQUIRED**

Facility Name \_\_\_\_\_

Facility Contact \_\_\_\_\_

Facility Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Email\* \_\_\_\_\_

*\*You can provide more than one email address to access your portal account.*

#### INSTRUCTIONS

Each facility requires a unique facility code in order to submit specimens to KCL for COVID-19 testing.

- 1) Submit this completed form by email or phone to your Sales Rep:
  - a. Aleana Jones: [ajones@kashilab.com](mailto:ajones@kashilab.com)
    - i. cell: 503-828-7624
  - b. Vivian Simonis: [vsimonis@kashilab.com](mailto:vsimonis@kashilab.com)
    - i. cell: 503-828-5081
  
- 2) You will receive an email and the address(es) provided above, confirming your facility code and new portal account. Instructions on how to submit specimens and how to access your new portal account will be included in this email.

If you have any questions please call your Sales Rep directly.