RSM—Account Requisition Form

Complete this form to request RSM account setup, Kolims portal setup, and initial test kit coordination. Please provide complete and accurate information so your account, provider access, and kit setup can be processed as efficiently as possible. Missing, incomplete, or unclear information may delay setup or related processing.

Please complete all required fields. Optional fields are not required, but additional information is helpful whenever available.

RSM Diagnostics Lab does not offer services in New York or California. RSM will not accept, perform, process, ship, deliver, bill, or receive testing associated in any manner with either state, including any specimen collected in, shipped from, shipped to, routed through, or otherwise connected to either state, or any account, practice, provider, or facility located in or operating from either state.

An email address is required below to support form autosave, future response editing, and follow-up communication regarding your submission. If available, please also sign in to your Google account to help save your progress.

By using this form, you agree that RSM's separate contractual terms, privacy notices, and regulatory obligations govern all laboratory services and data handling, and that this form does not modify those terms.

Select **Next** to continue.

* Indicates required question

1. Email *

RSM Diagnostics Lab

Contact Information

RSM Diagnostics Lab LLC

2500 Grubb Rd, Suite 120
Wilmington, DE 19810

- Email: info@rsmdiagnosticslab.com
- Website: www.rsmdiagnosticslab.com
- Phone: **302-592-4106** (Mon-Fri 8:30am-4:30pm)
- Fax: **877-366-4706**

Practice Information

All required besides the Practice / Facility Website field.

2. **Practice / Facility Name* ***

   Enter the full official or operating name exactly as it should appear on the account.

   _____

3. Practice / Facility Website (optional)

   Optional. Enter the full website address, **such as www.rsmdiagnosticslab.com**

4. **Primary Practice / Facility Address*** *

   Enter the full primary location address, including suite number if applicable. This address should also serve as the practice or facility mailing address.
   RSM does not offer services in New York or California; these states are not available for selection.

5. **Practice / Facility Fax Number*** *

   Enter the main fax number for the practice or facility.

   Please enter a valid 10-digit fax number beginning with a format such as:
   212-555-0143
   (212) 555-0143
   1-800-555-0100
   +1-212-555-1234

Primary Account Contact*

All fields within this Primary Account Contact section are required.*

6. **Primary Account Contact Full Name*** *

Enter the one primary person RSM should contact for account setup and kit coordination. This is often an administrator, front desk lead, medical assistant, or provider, and is usually the person who places orders on behalf of the provider.

Enter only one primary contact in the following format:
Title. FirstName LastName, Role

Examples (enter only one primary person):
Ms. Jane Doe, Practice Manager
Mr. John Doe, Administrator
Ms. Maria Smith, Medical Assistant
Dr. Richard Roe, Practice Owner

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7. **Primary Account Contact Email*** *

Enter the best email for account communication. A shared office email is acceptable if preferred.
Example: info@rsmdiagnosticslab.com

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8. **Primary Account Contact Phone Number*** *

Enter the best valid 10-digit phone number for account communication, including extension if applicable.
Example: 555-555-5555 ext. 123.

Ordering Provider Information*

At least one provider who has an NPI number with test order and test referral authority is required.
Additional can be added at any time.*

9. **Ordering Provider Information*** *

Enter one provider per line in the following format:
Title. FirstName LastName, Credential. NPI: 0123456789

For each provider, enter only one primary credential which includes no special characters but a period at the end.
Further notes or comments can be given at the end of this form.

Example (use this exact format for multiple providers):
Dr. Jane Doe, MD. NPI: 0123456789
Mr. John Doe, FNP. NPI: 9876543210
Dr. Maria Smith, ND. NPI: 2468135790

Include all providers who may sign test orders. Additional providers can be added at any time.

Initial Setup Preferences

Although these preferences can be changed at any time, all fields except for Primary Test Category Interest are required for initial setup.

10. **Preferred Billing Model for Initial Setup*** *

Your preference can be changed at any time, and for now this will simply be used to streamline portal setup and access. You can skim the options quickly for account setup, and we can revisit the details together before you place your first test order.

RSM Diagnostics Lab tests are offered at standard retail pricing. For example, the Total GI test has a standard retail price of $440. We typically work with practices using a clinic billing model, which most find to be the most straightforward approach.

Clinic Billing Model (Preferred):
We bill your practice the contracted rate for each ordered test, such as $359 per Total GI test, and your practice bills the patient directly at the standard retail price of $440. This model gives your practice full control over the patient billing relationship and allows you to manage your own administrative fee schedule.

Direct Patient Billing (Alternative Option):
If preferred, RSM can bill the patient directly at the applicable retail price and handle collections on our end. For example, with Total GI, RSM can bill the patient directly at $440.

Mark only one oval.

- ◯ Clinic Billing Model (Preferred)
- ◯ Direct Patient Billing (Alternative Option)

11. **Preferred Kit Shipping Method*** *

Select the method you expect to use most often. This can be changed for any future order.

Mark only one oval.

- ◯ Ship kits in bulk to our practice or facility
- ◯ Ship kits directly to individual patients
- ◯ Mix

12. Primary Test Category Interest (optional)

Select the test categories most relevant to your initial account setup. All RSM tests will still be available for order.

Check all that apply.

- [ ] Stool Examinations
- [ ] Nasal & Throat Tests

Additional Optional Information

This section and its fields are all optional. Feel free to skip, although additional information is helpful whenever available.

13. Estimated Monthly Order Volume (optional)

Please estimate the number of tests you expect to order per month. This estimate is used for account planning and can be updated later.

Mark only one oval.

- ◯ 1 to 5
- ◯ 6 to 10
- ◯ 11 to 15
- ◯ 16 to 20
- ◯ 21 to 25
- ◯ 26 to 30
- ◯ 31 or more

14. How did you hear about RSM Diagnostics Lab (optional)?

This field is optional. Feel free to skip, although additional information is helpful whenever available.

15. Additional Questions, Comments, Concerns, or Notes (optional)

Use this space to share any additional information, questions, comments, concerns, or notes you would like RSM to know.

Submission*

Read and acknowledge the Administrative, Privacy, and Compliance Notice below before submitting.*

Administrative, Privacy, and Compliance Notice*

This form is intended solely for practice, facility, and provider account setup, portal access, and test kit coordination for RSM Diagnostics Lab. It is not intended for submitting patient-specific clinical orders, test results, or other protected health information. Please do not enter any patient names, dates of birth, medical record numbers, diagnosis details, or other identifiable patient information in this form unless RSM has expressly requested such information through an approved process.

New York and California. RSM Diagnostics Lab does not offer services in either state. RSM will not accept, perform, process, ship, deliver, bill, or receive testing associated in any manner with New York or California, including any patient with a New York or California address, any specimen collected in, shipped from, shipped to, routed through, or otherwise connected to either state, or any account, practice, provider, or facility located in or operating from either state.

By submitting this form, you confirm that:

- You are authorized to provide the information on behalf of the practice or facility.
- All information you provide is accurate and complete to the best of your knowledge.
- You understand that incomplete, inaccurate, or unclear information may delay account setup, portal configuration, billing arrangements, or related processing, and may require follow-up.

Submission of this form does not:

- Create a provider–patient relationship with RSM Diagnostics Lab.
- Constitute a test order, medical diagnosis, or treatment recommendation.
- Guarantee account approval, specific billing arrangements, insurance coverage, or reimbursement for any tests.
- Alter RSM's obligations or rights under applicable federal and state laws, including but not limited to HIPAA, CLIA, Medicare, and commercial payer requirements.

RSM Diagnostics Lab maintains separate policies, procedures, and notices regarding privacy, data security, test ordering, billing, and regulatory compliance. Any use or disclosure of health information, if and when collected in appropriate clinical contexts, will be handled in accordance with applicable law and RSM's internal policies. This form and notice are intended to support accurate administrative intake and do not replace any required Notice of Privacy Practices, ordering documentation, or laboratory compliance obligations.

By using this form, you agree that RSM's separate contractual terms, privacy notices, and regulatory obligations govern all laboratory services and data handling, and that this form does not modify those terms.

16. **Did you read and acknowledge the Administrative, Privacy, and Compliance Notice above?** *

Mark only one oval.

- [ ] I have read and acknowledge the Administrative, Privacy, and Compliance Notice above.

RSM Diagnostics Lab

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