



## ENTERPRISE ACCOUNTS, National Clinical Testing

FOR QUEST DIAGNOSTICS USE ONLY – QUESTIONS PLEASE CALL 1.866.226.8046

Account Number	97518573
Account Name	Catalyst Pharmaceuticals
Address	355 Alhambra Circle, Ste 801
City	Coral Gables
State	FL
Zip	33134

SPECIMENS MUST  
BE TESTED IN A QLS  
LABORATORY

Collection Date	
Collection Time	

Fax Results to:	
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Ordering Physician and/or Payors	Physician Name
UPIN	NPI

CLIENT BILL ONLY  
NO PATIENT OR  
THIRD PARTY  
BILLING ON THIS  
ACCOUNT

<b>Patient Information</b>			
Patient Name (first, last, middle)			
Date of Birth	(MM/DD/YYYY)	Gender:	
Patient ID#			
Patient Phone			
Street Address			
City			
State		Zip	

Order Code	Test Name	Order Code	Test Name
34057	VGCC RIA [C]		
93882	VGCC TYPE N AB		