DEPARTMENT OF PATHOLOGY AND MICROBIOLOGY
UNIVERSITY OF NEBRASKA MEDICAL CENTER

NULIRT ORDERING PHYSICIAN ACCESS REQUEST FORM

First Name: *_____Middle Initial: _____

Last Name: *_____

Suffix: _____ (MD, PA, RN, etc.) NPI:*_____

Address:* _____

Email (Optional): _____

Primary Clinic**: ***_____

Other Clinic(s): _____

Program: *_____

Authorized By: *_____

Date: _____

Phone:* _____

Required fields

EMAIL THIS FORM TO ahudson@unmc.edu or fax to 402-559-4799.
YOU MAY CONTACT CLIENT SERVICES AT 402-559-2440 OR TOLL FREE AT 866-290-1406.