



US LinX™ – User Registration Form (Fax completed form to Client Services at 949-450-0146)

Date: _____ Sales Rep: _____

New US LinX Account

Current Customer (Specify changes) _____

Client Name: _____

Client Account Number: _____ Phone: _____

Please provide User information for US LinX access

User Type:

Physician with UPIN or Physician (but I don't have an UPIN)

Not a Physician

Name (First, Middle, Last): _____

Suffix: _____ Position/Title/Specialty: _____

Email: _____

UPIN (if applicable) _____ NPI (if applicable) _____

Users Access Requirements

The internet reporting system allows the viewing and signing of patient results over a secure (128 bit encrypted) web connection. This solution requires a login and password to view results, print results and to sign cases. For optimal usage of this site, we recommend the following:

- Internet connection (min. DSL or Cable) with the ability to access sites with SSL encryption
- Internet Explorer version 5.0 (6.0 Recommended)
- Adobe Acrobat Reader version 5.0 or higher (7.0 Recommended)
- Access to a color deskjet or laser printer (Recommended)

User Access Authorization (i.e. Medical Director or Designated Personnel)

Print Name

Authorized Signature for US LinX User Access