

**NCSU Diagnostic Labs
Account Setup Form**

Date: _____

For internal use only
Labs Account # _____
Created on: _____
By: _____

Submit form to : **Denise Crowell** 513-6390
B-104H
CVM -Main Building
denise_crowell@ncsu.edu

From: _____ Accountant
_____ Acct. Signature
_____ Department

Please establish an account in UVIS Labs for the following:

*Project/Grant number: _____

Phase number: _____

Faculty responsible for account: _____

PI Signature _____
Signature signifies acceptance of preapproval Service Unit Billing

Department: _____

Name of Course/Grant/Study: _____

Begin Date: _____ Expiration Date: _____

Campus Address: _____

Personnel allowed to submit samples under this account:

Samples may be submitted to the following Labs:
*Histology _____ Microbiology/Molecular _____

Clin Path _____

*Lab authorized to accept ledger 5 or Federal awarded accounts

This form must be filled out and signed by the departmental accountant before a Labs account number can be assigned and samples submitted.