



Unilab Provider Portal

Account # (For Internal Use Only)

On-line Access Request Form

Thank you for trusting Unilab with your testing needs. Please complete this form and fax to (954) 797-9494 or email it to support@unilabhealth.com. If you have any questions, contact Unilab Client Services at (833) 4-UNILAB.

Account Name: _____

Account Address: _____

Physician Name/s: _____

Are you the ordering provider? Yes No

If no, ordering provider name _____

Username (this is what we will use to create your portal access) _____

Name: _____ Phone: _____

Email Address: _____

LOGIN INSTRUCTIONS

Please wait 72 hours after the form is submitted before attempting to log in.

Visit www.infertilitylab.com and click on tab labeled "Provider Portal."

Enter your username and password. Your username is what you provided above to create your account. Your temporary password is "harvest." You will have the option to change your password once you log in.

USER ACKNOWLEDGMENT

By completing this form, I am requesting access to Unilab's Provider Portal, where I can order tests and review patient results. HIPAA regulations require each user to have their own login credentials. Username and passwords must not be shared.

Signature _____ Date _____