

# Nucleus Account Set-Up Form

By completing and returning this form (by email, fax, or mail), our team can then tailor your account set-up to match the ordering process in your clinic. This form verifies that state licensure regulations are met for ordering genetic testing. It also enables non-physician healthcare providers (genetic counselors, optometrists, nurses, etc.) to place test orders for your shared patients and to attach multiple members of the care team to an order.

**We are here to help.** Please don't hesitate to contact our Support Team at [support.us@blueprintgenetics.com](mailto:support.us@blueprintgenetics.com)

Specific state laws govern the ordering of genetic testing and determine whether a healthcare provider is authorized to order laboratory tests within that state.

## Ordering Providers

Individuals who are authorized to order genetic testing based on their state law, such as physicians (MDs, DOs) and genetic counselors where permitted by licensure.

## Allied Healthcare Providers

Individuals who are part of the clinical team, but are not under state law allowed to order genetic testing independently.

## Office Staff

Individuals who are not part of the clinical team, but work on behalf of ordering providers to place genetic testing orders and view/print results.

## 1. Organizational Information

Please list your organization location details:

Name of the healthcare organization:		
Department:		
Street Address:		
City:	State:	Zip Code:
Phone:		Fax:

## 2. Nucleus Portal Users

Please list all individuals that require a Nucleus account. Each person requiring an account must have a unique email address.

### ORDERING PROVIDER:

(at least one authorized provider with ordering privileges must be included and sign the form in Section 3)

<b>Legal Name:</b> <i>(add first name, middle initial, and last name)</i>		<b>Title:</b>
<b>NPI:</b> <i>NPI required for ordering provider</i>	<b>Email:</b>	

### OTHER NUCLEUS USERS:

<b>Legal Name:</b> <i>(add first name, middle initial, and last name)</i>			
<b>NPI (if applicable):</b> <i>NPI required for ordering provider</i>		<b>Email:</b>	
Please select your role as defined on page 1:    Ordering Provider    Allied Healthcare Provider    Office Staff			
<b>Legal Name:</b> <i>(add first name, middle initial, and last name)</i>			
<b>NPI (if applicable):</b> <i>NPI required for ordering provider</i>		<b>Email:</b>	
Please select your role as defined on page 1:    Ordering Provider    Allied Healthcare Provider    Office Staff			
<b>Legal Name:</b> <i>(add first name, middle initial, and last name)</i>			
<b>NPI (if applicable):</b> <i>NPI required for ordering provider</i>		<b>Email:</b>	
Please select your role as defined on page 1:    Ordering Provider    Allied Healthcare Provider    Office Staff			

You can list additional individuals who require access to Nucleus on page 3.

## 3. Ordering Provider Signature

- I represent that I am permitted to order laboratory tests and receive results in the state for which the laboratory order was placed by me or placed/submitted by those under my direction.
- I also represent that I have delegated to the supervised Allied Healthcare Provider(s) and/or Office Staff listed above my authority to place the order for laboratory tests as indicated. Accordingly, the supervised Allied Healthcare Provider(s) and/or Office Staff is/are acting under my direction as the Ordering Provider.
- I represent that the organization's Ordering Providers have delegated to the Allied Healthcare Provider(s) and/or Office Staff listed above the authority to place genetic test orders and/or view and print the genetic test results. Accordingly, the Allied Healthcare Provider(s) and/or Office Staff is/are acting under the direction of the ordering provider.

I will notify Blueprint Genetics immediately of any changes to authorized users.

<b>* Signature:</b>	
<b>* Name:</b>	<b>* Date:</b>

## Nucleus Portal Users Continued

Use the spaces below for additional individuals from your organization that require access

<b>Legal Name:</b> <i>(add first name, middle initial, and last name)</i>			
<b>NPI (if applicable):</b> <i>NPI required for ordering provider</i>		<b>Email:</b>	
Please select your role as defined on page 1:    Ordering Provider    Allied Healthcare Provider    Office Staff			
<b>Legal Name:</b> <i>(add first name, middle initial, and last name)</i>			
<b>NPI (if applicable):</b> <i>NPI required for ordering provider</i>		<b>Email:</b>	
Please select your role as defined on page 1:    Ordering Provider    Allied Healthcare Provider    Office Staff			
<b>Legal Name:</b> <i>(add first name, middle initial, and last name)</i>			
<b>NPI (if applicable):</b> <i>NPI required for ordering provider</i>		<b>Email:</b>	
Please select your role as defined on page 1:    Ordering Provider    Allied Healthcare Provider    Office Staff			
<b>Legal Name:</b> <i>(add first name, middle initial, and last name)</i>			
<b>NPI (if applicable):</b> <i>NPI required for ordering provider</i>		<b>Email:</b>	
Please select your role as defined on page 1:    Ordering Provider    Allied Healthcare Provider    Office Staff			
<b>Legal Name:</b> <i>(add first name, middle initial, and last name)</i>			
<b>NPI (if applicable):</b> <i>NPI required for ordering provider</i>		<b>Email:</b>	
Please select your role as defined on page 1:    Ordering Provider    Allied Healthcare Provider    Office Staff			
<b>Legal Name:</b> <i>(add first name, middle initial, and last name)</i>			
<b>NPI (if applicable):</b> <i>NPI required for ordering provider</i>		<b>Email:</b>	
Please select your role as defined on page 1:    Ordering Provider    Allied Healthcare Provider    Office Staff			
<b>Legal Name:</b> <i>(add first name, middle initial, and last name)</i>			
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Please select your role as defined on page 1:    Ordering Provider    Allied Healthcare Provider    Office Staff			
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