



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

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:	City:	State:
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)

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

OTHER NUCLEUS USERS:

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

* Signature:	
* Name:	* Date:

Nucleus Portal Users Continued

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

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