

Proficiency Testing Order Change Form

(REQUIRED) AAB-MLE # – enter your Account	Ve Changes. ONLY fill in the fields that changed.
	hese change(s) for 20
Choose	e Event(s)
REQUIRED)	Regulatory Agencies ADD DELETE
ignature:	Agency:
Print Name:	ID # Assigned By Agency:
Date:	Additional Copies
Fax this form to: 1-202-835-0440 or email it to: mle@aab-mle.org	Ph: Fax:
NEW Shipping Address –Address where the k	Image: Construction Image: Construction Image: Construction The person named above is a consultant Kits will be shipped (This address may NOT be a PO Box)
Contact/Facility Name:	
Address:	
Phone: F	ax:
Email:	
NEW Billing Address – <u>Address</u> where the <u>inve</u> Contact/Facility Name:	oice will be sent
Address:	
Phone: F Email:	ax:
NEW Laboratory Director:	
NEW CLIA Number:	
ist ONLY complete program module additions or	ule #s that you wish to add to – or delete from – your orde deletions. Do NOT list analytes. Order changes must ponding ship date to avoid extra charges and fees.
Program Module # Additions:	Program Module # Deletions: Please ser an update Order Verifi

from your test menu will not affect your program module order. Questions? Call AAB-MLE Customer Service at **1-800-234-5315, or email: mle@aab-mle.org**