



**MEDICAL
LABORATORY
EVALUATION**

A SERVICE OF THE AMERICAN ASSOCIATION OF BIOANALYSTS

**LATE ADD-ON / FORCED ORDER
REQUEST FORM** effective 1/1/26

Fax to: 202-835-0440, or Email to: MLE@aab-mle.org

AAB-MLE ACCOUNT # _____ DATE _____

NAME OF FACILITY _____

YOUR NAME _____ PHONE # _____

ADD the following program module # (s): _____

DELETE the following program module # (s): _____

Credit will be applied for future events only. The current event cost will not be credited.

CHOOSE SHIPPING METHOD: Standard / 2nd Day = \$60 _____

Overnight/ Next Day = \$85 _____

I agree to pay the cost of the added module(s) plus the shipping fee selected above and understand the results for this order must be submitted by the deadline indicated on the results entry portal. No extensions are permitted per CMS.

Signature: _____

Credit Card # _____

Credit Card Expiration Date _____ Card Security Code _____

Credit Card Billing ZIP Code _____

Email Address for Receipt: _____

Purchase Order # (optional) _____

PAYMENT IN FULL IS REQUIRED PRIOR TO SHIPPING