



**PAID REPLACEMENT SPECIMEN  
ORDER 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 # \_\_\_\_\_

**I would like to order the following specimen [s]:**

(Include prefix and number, for example, CH-1)


**CHOOSE A SHIPPING METHOD:** Standard / 2<sup>nd</sup> Day = \$60 \_\_\_\_\_

Overnight/ Next Day = \$85 \_\_\_\_\_

**I agree to pay the fee of \$20 per specimen\*, plus the shipping fee selected above.**

**Signature:** \_\_\_\_\_

Credit Card # \_\_\_\_\_

Credit Card Expiration Date \_\_\_\_\_ Card Security Code \_\_\_\_\_

Credit Card Billing ZIP Code \_\_\_\_\_

Email Address for Receipt: \_\_\_\_\_

Email Address for Tracking: \_\_\_\_\_

Purchase Order # (optional) \_\_\_\_\_

\* Price may be higher for select specimens. If so, we will inform you before billing.

**PAYMENT IN FULL IS REQUIRED PRIOR TO SHIPPING**