MEDICAL LABORATORY EVALUATION
A SERVICE OF THE AMERICAN ASSOCIATION OF BIOANALYSTS

20__ ORDER CANCELLATION FORM

Upload, Fax to 1-202-835-0440 or
Email to mle@aab-mle.org

Please do NOT send this form unless you wish to cancel your entire AAB-MLE order.
NOTE: Cancellations must be received 6 weeks prior to the ship date or
you will still be responsible for the charges.
Please consult your shipping calendar

(REQUIRED) Your AAB-MLE Account or Lab ID # :

CLIA Number: ☐☐ **D** ☐☐☐☐☐☐☐☐

REASON(S) for Cancellation:

- ☐ No longer testing/lab closed
- ☐ Waived testing only
- ☐ Merger/acquisition/consolidation
- ☐ Peer group issue
- ☐ Test Menu/sample issue
- ☐ Less expensive alternative
- ☐ Changed provider. Which one? _____
- ☐ Other _____

Billing Address –Address where the final invoice/credit will be sent.

Contact/Facility Name: _____

Address: _____

Phone: _____ Fax: _____

E-Mail: _____

(REQUIRED)

Signature: _____

Print Name: _____

Date: _____