



Test Menu Deletion Form
(Fax the Completed Form to: 202-835-0440)

FAX

MLE ID NUMBER: _____ TO: MLE Customer Service

DATE: _____ YOUR NAME: _____

YOUR FAX #: _____ YOUR PHONE #: _____

This laboratory has discontinued the following tests:

(List each test individually and not by module number)

Signature: _____

Name of facility: _____

By returning this form, you are instructing MLE to remove the above tests from your testing menu. Be sure to also notify your regulatory agency(ies) of these changes.

You may also notify MLE of your test menu deletions by e-mailing us at

mle@acponline.org