

Proficiency Testing Order Change Form

Please Do NOT Send Form Unless You Have	ve Changes. ONLY fill in the fields that changed.
(<u>REQUIRED</u>) MLE ID – enter your six-digit MLI	E ID Number:
(REQUIRED - fill in year & event) Make the Choose	nese change(s) for 20 e Event(s) \square M1 \square M2 \square M3 \square Entire year
(REQUIRED)	Regulatory Agencies ADD DELETE
Signature:	Agency:
Print Name:	ID # Assigned By Agency:
Date:	Additional Copies
Fax this form to 202-835-0440 or scan and email it to: mle@acponline.org	Ph: Fax: E-Mail:
NEW Shipping Address – Address where the k Contact/Facility Name:	The person named above is a consultant its will be shipped (This address may NOT be a PO Box)
Address:	
Phone: Fa	ax:
NEW Billing Address –Address where the invo	pice will be sent
Address:	
Phone: Fa	ax:
NEW Laboratory Director:	
NEW CLIA Number:	
Enroll the lab in "Automatic Re	newal"
Module Changes – Please list any mod List ONLY complete module additions or deletions. deletions must be made at least four weeks before	
Module Additions:	Module Deletions: Please send me updated Order Verification

Please report any individual analytes your laboratory is no longer testing by attaching a note to the **Test Result Form** pages when sending in results OR by faxing a **Test Menu Deletion Form**. It is not necessary to send this form <u>and</u> a test menu deletion form; your test menu will be adjusted based upon your order deletions. In most cases, deleting an analyte from your test menu will not affect module orders. Questions? Call MLE Customer Service at **1-800-338-2746**, **option 5**, **or e-mail: mle@acponline.org**