ACP | Medical Laboratory Evaluation

Proficiency Testing Order Change Form

(REQUIRED) MLE ID – enter your six-digit MLE ID Number: ☐ ☐ ☐ ☐ ☐ ☐

(REQUIRED - fill in year & event) Make these change(s) for 20___ ___
Choose Event(s) ☐ **M1** ☐ **M2** ☐ **M3** ☐ **Entire year**

(REQUIRED)

Signature: _____

Print Name: _____

Date: _____

Fax this form to 202-835-0440 or scan and email it to: mle@acponline.org

Regulatory Agencies ☐ **ADD**   ☐ **DELETE**

Agency: _____
ID # Assigned By Agency: _____

Additional Copies   ☐ **ADD**   ☐ **DELETE**
Name: _____
Address: _____
_____
Ph: _____ Fax: _____
E-Mail: _____
☐ The person named above is a consultant

NEW Shipping Address –Address where the kits will be shipped (**This address may NOT be a PO Box**)
Contact/Facility Name: _____

Address: _____

Phone: _____ Fax: _____
E-Mail: _____

NEW Billing Address –Address where the invoice will be sent
Contact/Facility Name: _____

Address: _____

Phone: _____ Fax: _____
E-Mail: _____

NEW Laboratory Director: _____

NEW CLIA Number: ☐ ☐ **D** ☐ ☐ ☐ ☐ ☐ ☐ ☐

☐ Enroll the lab in "**Automatic Renewal**"

Module Changes – Please list any modules that you wish to add to – or delete from – your order.
List **ONLY** complete module additions or deletions. Do **NOT** list analytes. Any additions or deletions must be made at least four weeks before the corresponding ship date for that module.

Module Additions: _____
_____

Module Deletions: _____
_____

☐ Please send me an updated Order Verification.