

20__ ORDER CANCELLATION FORM

Fax this form to MLE at 202-835-0440

Please do NOT send this form unless you wish to cancel your entire MLE order.
NOTE: Cancellations must be received 4 weeks prior to the ship date or you will still be responsible for the charges.
Please consult your shipping calendar.

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

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: _____