

MLE ID NO.: _____ TO: MLE Customer Service

DATE: _____ NAME: _____

FAX #: _____ 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