WSLH Proficiency Testing

www.wslhpt.org

2601 Agriculture Drive, Madison, WI 53718 • (800) 462-5261 • FAX (608) 265-1111

Customer Change Form

Today's Date: _____ **This request is for enrollment year:** _____

This request applies to the following: ☐ Add / Drop Product ☐ Update Correspondence or Demographic Information ☐ Update Accreditation Agency Information

Identification Information

WSLH PT ID# | | | | | | | |

CLIA ID# | | | D | | | | | | | |

☐ Check box if application in progress and CLIA ID# not yet received

Contact Information Of Person Completing This Form

Facility Name	Contact Name
Phone	Email

Request To Add And/Or Drop Products – check Add or Drop

Add	Drop	Product Name	Year/Event(s)	Item#	Quantity
☐	☐				
☐	☐				
☐	☐				
☐	☐				
☐	☐				
☐	☐				
☐	☐				

Added products: Payment Information

Purchase Order (PO#) - optional _____

VISA/MC: If you wish to pay by credit card, please wait for your invoice for instructions.

Dropped products: Indicate Reason for Drop

○ No longer performing this test ○ Incorrect initial order ○ Changed instrument or kit ○ Site closed

Other – please explain: _____

All cancellations must be submitted in writing at least 30 days prior to scheduled shipment date. A credit will be applied to your account, if appropriate. The annual processing fee is non-refundable. Refund requests will be handled on a case by case basis by the accounts receivable department.

Request To Update Correspondence/Demographic Information

Change pertains to: ☐ Shipping information ☐ Billing information ☐ Send reports to information

Facility Name		Contact Name	
Street Address		Apt, Suite, Bldg. (optional)	
City	State/Province/Region	Postal/Zip Code	Country
Phone	Fax	Email	

Request To Update Accreditation Agency(ies) – check Add or Remove

Add	Remove	Agency Name	ID number	Effective Date
☐	☐			
☐	☐			
☐	☐			

All applicable scores will be sent to designated agencies by default unless specified below

Do NOT send the following scores to agencies: