

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:
