

## **Proficiency Testing Enrollment Form**

Page 1 of 2 (Both pages must be returned)

Today's Date:	This request is for enrollment year:						
Identification Information							
WSLH PT ID#		CLIA ID#					
WSLH PI ID#		CLIA 1D#   D					
Previous custo	omer account ID if known.	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							
Select Type of Testing Site for this Order							
Clinic - large (>20 Physicians)	Hospital - large (>350 beds)	Physician Office Lab	Stat/Urgent Care Lab				
Clinic - medium (6-10 Physicians)	<u> </u>	<u> </u>	Student Health Lab				
Clinic - small (<6 Physicians)	Hospital - small (<100 beds)	Public Health Lab	Veterans Administration				
Federal (Prison/Military)	Independent Clinical Lab	Research & Development	Veterinary				
Forensic Lab	Manufacturer	Satellite Lab	Other (please indicate below)				
Health Management Organization Home Health/Extended Care	Nursing Home Pharmacy	Screening, wellness, fitness Specialty					
O Home Health, Extended eare	. marmacy	Specialty					
Online/Website	○ Email	Advertisement	Conference*				
Peer Recommendation*	Agency Recommendation*	Mailing	Other*				
*Please elaborate		<u> </u>					
<b>Demographic Information</b>							
Shipping Information							
Facility Name		Contact Name					
Street Address		Apt, Suite, Bldg. (optional)					
City	State/Province/Region	Postal/Zip Code Coun	ntry				
Phone	Fax	Email					
Billing Information Check here i	if same as shipping information						
Facility Name		Contact Name					
Street Address	reet Address		Apt, Suite, Bldg. (optional)				
City	State/Province/Region		Postal/Zip Code Country				
Phone	Fax	Email					
Send Reports to Check here if sa	me as shipping information						
Facility Name		Contact Name					
Street Address		Apt, Suite, Bldg. (optional)					
City	State/Province/Region	Postal/Zip Code Coun	ntry				
Phone	Fax	Email					
Consultant Information (optio	nal)						
Facility Name		Contact Name					
Street Address		Apt, Suite, Bldg. (optional)					
City	State/Province/Region	Postal/Zip Code Cour	ntry				
Phone	Fax	Email					



## **Proficiency Testing Enrollment Form** - continued

Page 2 of 2 (Both pages must be returned)

Accreditation Information								
List accreditation agency(ies) which monitor the testing do	one at this site (chec	k box at right if ap	plication in progr	ess and ID# not y	et received)			
Agency Name								
Agency Name	ID Number							
Agency Name	ID Number							
Agency Name	ID Number							
All applicable scores will be sent to designated agencies by default unless specified below								
Do NOT send the following scores to agencies:								
Order Information								
It will be necessary to refer to our current price list while co  Online Training and Competency, Assayed Samples Sets, and AL		•		quote to this	form.			
<ul> <li>Only Quality Evaluation (QE) and Additional Sample products may be ordered in multiple quantities. All others indicate quantity of 1.</li> <li>Customers wanting to enroll only in certain events, please indicate so under Order Comments below. You will only be charged for events enrolled.</li> </ul>								
Product Name			Price	Quantity	Total Price			
Order Comments		Subtotal						
	Binders (ent	Binders (enter quantity)						
	Annual pro	Annual processing fee		1				
		Total						
Down out Information								
Payment Information Purchase Order (PO#) - optional	\/ICA /\AC. 14	VISA/NC: If you wish to pay by gradit and places wait for your						
ruiciiase Oluei (ro#) - Optioliai		VISA/MC: If you wish to pay by credit card, please wait for your invoice for instructions						