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# [ ][ ][ ][ ][ ][ ]
Previous customer account ID if known.

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

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)	○ Hospital - medium (100-350 beds)	○ Point of Care Testing	○ 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	○ Nursing Home	○ Screening, wellness, fitness	
○ Home Health/Extended Care	○ Pharmacy	○ Specialty	

○ Online/Website	○ Email	○ Advertisement	○ Conference*
○ Peer Recommendation*	○ Agency Recommendation*	○ Mailing	○ Other*

*Please elaborate

Demographic Information

Shipping Information

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

Billing Information   Check here if same as shipping information ☐

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

Send Reports to   Check here if same as shipping information ☐

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

Consultant Information (optional)

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

Proficiency Testing Enrollment Form - continued

Accreditation Information

List accreditation agency(ies) which monitor the testing done at this site (check box at right if application in progress and ID# not yet received)

Agency Name	ID Number	☐
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 completing this portion or please attach your quote to this form.

- Online Training and Competency, Assayed Samples Sets, and AUDIT Linearity Products have separate order forms.
- Only Quality Evaluation (QE) and Additional Sample products may be ordered in multiple quantities. All others indicate quantity of 1.
- Customers wanting to enroll only in certain events, please indicate so under Order Comments below. You will only be charged for events enrolled.

Product Name	Item#	Price	Quantity	Total Price

Order Comments	Subtotal		
	Binders (enter quantity)	$ 22.00	
	Annual processing fee $120.00	1	
	Total		

Payment Information

Purchase Order (PO#) - optional	VISA/MC: If you wish to pay by credit card, please wait for your invoice for instructions.