



2009 Change Form

Please Do NOT Send Form Unless You Have Changes. ONLY fill in changes on this form.

(REQUIRED) **MLE ID** – enter your six-digit MLE ID Number:

(REQUIRED) **Make these change(s) for the following event[s]:** M1 M2 M3

(REQUIRED)
Signature: _____
Print Name: _____
Date: _____

Regulatory Agencies	
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE	
Agency: _____	
ID # Assigned By Agency: _____	
Additional Copies	
Name: _____	
Address: _____	

Ph: _____	Fax: _____
E-Mail: _____	
<input type="checkbox"/> The person named above is a consultant	

Fax this form to MLE at 202-835-0440, or return by mail following the instructions on the reverse side (or following page).

NEW Billing Address –Address where the invoice will be sent.

Name: _____
Address: _____
Phone: _____ Fax: _____
E-Mail: _____

NEW Shipping Address – The address where the kits will be shipped. This address may NOT be a P.O. Box

Name: _____
Address: _____
Phone: _____ Fax: _____
E-Mail: _____

NEW Laboratory Director: _____

NEW CLIA Number: **D**

Enroll the lab in **“Automatic Renewal”**

Module Changes – Please list any modules that you wish to add to – or delete from – your testing menu. List **ONLY** complete module additions or deletions. Do **NOT** list analytes. Any additions or deletions must be made at least four weeks before the corresponding ship date for that module.

Module Additions: _____ Module Deletions: _____ Please send me an updated Order Verification.

Please report any individual analytes your laboratory is no longer testing by attaching a note to the **Test Result Form** pages when sending in results for a particular testing event OR by faxing a test deletion form. It is not necessary to send this form and a test menu deletion form, your test menu will be adjusted based upon your order deletions. In most cases, deleting an analyte from your test menu will not affect module orders. Questions? Call MLE Customer Service at **1-800-338-2746, option 5, or e-mail: mle@acponline.org**

Return Address: _____

Medical Laboratory Evaluation
American College of Physicians
Suite 700
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Washington DC 20001-7401

F O L D

Complete the *MLE Change Form* on the reverse side and fold the page in half.
Please tape the open edge closed. Attach appropriate postage and promptly mail to MLE.
Or, you may fax the *Change Form* to MLE at 202-835-0440. ***Thank you!***