

Date: _____

SL _____

CUSTOMER CHANGE FORM

Customers currently enrolled with WSLH PT may use this form to submit changes to demographic information, courier service and/or PT products during the calendar year.

Important: SL numbers are assigned based on accreditation information, not facility name or address. This assures that transmission of PT scores (if applicable) to laboratory accreditation agencies (CMS, CAP, COLA, etc) will properly identify the testing done under the appropriate CLIA certificate.

When making changes to your PT order, please ensure that the SL number listed on this form matches the SL# and CLIA ID listed on the enrollment confirmation letter.

PT products ordered under an incorrect SL#/CLIA ID may result in a deficiency citation for your laboratory/testing site.

If the changes requested are for testing performed under a different CLIA ID#, please fill out and submit a new Order Form so a different SL# can be assigned.

Customer Information:

(check here if new information)

Facility Name:		
	Ship/Correspondence Address	Billing Address (if different)
Contact		
Dept		
Street		
City/St/Zip		
Phone/fax		
E-mail		

PT Courier Change: PT samples are delivered by UPS unless otherwise indicated on your enrollment confirmation. If UPS service has been problematic, please indicate that FedEx is preferred by checking below:

FedEx

PT Order Changes:

Requesting Person: _____ **PO#** _____

(if required by your purchasing dept for orders)

List the appropriate order code:

ADD	DROP	Please Indicate a Reason for the Drop	
		<input type="checkbox"/> no longer doing this test	<input type="checkbox"/> incorrect initial order
		<input type="checkbox"/> switched to waived	<input type="checkbox"/> changed instrument/kit
		<input type="checkbox"/> site closed	<input type="checkbox"/> other (please explain below)
	<input type="checkbox"/> DROP ALL PT		
	Select credit option:	<input type="checkbox"/> leave credit on account	<input type="checkbox"/> issue a refund check

Note: Price listed in the catalog is the annual price for all shipments in a calendar year. Products ordered/dropped after the first of the year will be invoiced/credited at a pro-rated price based on the number of shipments left in the year for that product. We must be notified 30 days prior to a ship date for credits to be applied to dropped products. Please call 800-462-5261 if an exact price quote is needed.

Submit by fax: 608-265-1111 - or e-mail: ptservice@mail.slh.wisc.edu

WSLH PT Use Only:

Date Received (if no fax stamp on this form):

Date Processed:

PT Staff Initials:

Credit amt in Res:

Date Refund Request Sent to AR:

Comments: