WSLH Proficiency Testing

www.wslhpt.org

2601 Agriculture Drive, Madison, WI 53718 • (800) 462-5261 • FAX (608) 265-1111

Calibration Verification and Linearity Sample Order Form

Today's Date: _____ **Date shipment needed by:** _____

Identification Information

WSLH PT ID# | | | | | | | |

Current / 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

Demographic Information

Fill in ONLY if new customer or information is different than PT enrollment.

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

Order Information – It will be necessary to refer to the Linearity Products price list while completing this portion.

Product Name	Item#	Price	Quantity	Total Price
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
			Subtotal	$ 0.00
			Shipping Charge	$50.00
			Total	$ 50.00

Payment Information

PO# to reference on invoice (optional) _____

VISA/MC: If you wish to pay by credit card, please wait for your invoice for instructions.