

April 2016 *Cryptosporidium* Proficiency Testing Enrollment Form

Enrollment Deadline: March 29, 2016

Shipment Date: April 18, 2016

Laboratory ID number: _____ # PT sets ordered: _____ Filter type(s): _____
 (if returning customer)
 Method version (e.g., method 1622, 1623 or 1623.1, or other): _____
 Laboratory Accredited/Certified? (Y/N): _____ Accreditation/Certification agency : _____

| Information | Ship Samples To: | Send Correspondence To: | Send Invoices To: |
|-----------------------------|------------------|-------------------------|-------------------|
| Facility Name | | | |
| Contact Name | | | |
| Building, Room, etc. | | | |
| Address 1 | | | |
| Address 2 | | | |
| City | | | |
| State & ZIP Code | | | |
| Country (if other than U.S) | | | |
| Phone Number | | | |
| e-mail address | | | |

Method of Payment (\$600/set):

- o Bill address above (include purchase order number if applicable) _____
- o Visa/MC accepted (Please call (800) 862-1065 with credit card information **after** invoice has been received)

I agree to the conditions and terms of service described in the General Program Information Document :

 (Signature/Date)

 (print name)