

April 2017 *Cryptosporidium* Proficiency Testing Enrollment Form

Enrollment Deadline: March 13, 2017

Shipment Date: April 3, 2017

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**

☐ Bill address above (include purchase order number if applicable)

☐ 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)