WSLH Proficiency Testing

www.wslhpt.org

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Supplemental Attestation and Signatures

WSLH PT ID#:		**Shipment:**	
Module(s):		**Sample(s):**	
Ship Date:		**Due Date:**	

Attestation Statement: I/we, as indicated, below attest that the results reported on the result form(s) for this event were obtained by analysis of proficiency testing samples with the same frequency and, as closely as possible, in the same routine manner as performed on patient specimens. Furthermore, these results were not obtained through discussion or collaboration with any other laboratory.

Director/Designee:		Date:	
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DO NOT RETURN THIS FORM. Keep for your records.