



Additional Information/Change Request Form

Id # _____ **Date:** _____
(required)

Practice Name: _____ **State:** _____

Information to be added or changed (mark all that apply):

- Laboratory Director _____
- Practice Name _____
- CLIA, COLA or other Accrediting Agency Id _____
- Addition to Order* (include module #) _____
- Cancellation to Order* (include module #) _____
- Lab Contact _____
- Phone Number _____
- Fax Number _____
- Address – Bill To (Specify Below)
- Address – Kit Ship To (Specify Below)
- Other (Specify Below)

*If you are adding or canceling a test from the MultiChem modules, you must include the total number of MultiChem tests you will be performing.

Program Year: _____ Event(s): A B C

Authorized Signature: _____
(required)

Any changes to your PT order must be submitted in writing
Fax to 913-906-6079
Mail to PT Program, 11400 Tomahawk Creek Parkway, Leawood, KS 66211-2672

Cancellations must be received 6 weeks prior to the ship dates to receive credit. Additions to an order must be received 3 weeks prior to the ship date. Additions received after this cutoff will be charged a \$25 shipping fee.

Registration fees are not refundable