



# Corrected Evaluation Request

Requests for corrected evaluations must be received by AAFP-PT within 4 weeks of the evaluation being mailed (see the notice included with your evaluation for the specific date). Corrections will only be made if an error occurred in the scanning or data evaluation process. AAFP-PT cannot issue corrected evaluations for recording errors made by the lab.

Please complete the information below and submit this form AND the related pages from the Result Reporting packet or online reporting forms. Corrected evaluations will be mailed within 4-6 weeks of receipt at AAFP-PT. Denied requests will be returned with an explanation.

Please complete the following information:

AAFP # \_\_\_\_\_

Practice Name \_\_\_\_\_

Lab Contact Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Module #	Analyte (i.e., WBC, glucose)	Specimen(s) IDs	Reason for Correction Request

**Fax to AAFP-PT at 913-906-6079 or mail to:**

AAFP-PT  
 11400 Tomahawk Creek Parkway  
 Leawood, Kansas 66211-2672

*Important: Copy and save this form for future use*