



# Additional Information/Change Request

AAFP ID# \_\_\_\_\_ Date: \_\_\_\_\_

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 #) \_\_\_\_\_

\*What is the full name of the instrument/kit to be used for the new module?

\*Please list all tests to be reported in the new module:

Cancellation to Order\* (include module #) \_\_\_\_\_

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

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

Address - Bill To (*Specify Below*) \_\_\_\_\_ Email \_\_\_\_\_

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*) \_\_\_\_\_

TYPE NAME OF AUTHORIZOR

Any changes to your PT order must be submitted in writing.

Email to [pt@aafp.org](mailto:pt@aafp.org)

\*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.**

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