



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

*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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