	American Proficiency				
	Institute		novative Sol	lutions. Technical Ex	cellence.
	Park Drive, Traverse City, MI FAX: 855-900-6119	49686			
Dear Customer	,				
Please help us	complete our records by p	providing the info	ormation below.		
1) Facility / Lab Name			API Customer #		
CLIA Numb	er D				
2) Choose the option that most accurately describes your facility:					
	Air Force Hospital/Clinic Army Hospital/Clinic Naval Hospital/Clinic /A Hospital/Clinic Hospital < 100 beds Hospital 101 – 200 beds		Hospital 301 Hospital > 40 Independent Manufacture	– 400 00 beds t Laboratory	
3) To report to your state or accrediting agency, mark the organization and provide your lab ID number. <u>My laboratory is inspected by:</u>					
<u>States</u> □ NY Clinic	al Lab Evaluation Program	(CLEP) (labs pre	viously required t	o use NYS PT) PFI #	
□ NY CLIA Office (POLEP) (no ID required)			Other State	ID#	
Accrediting Agencies Joint Commission (lab, not just hospital) HCO#					
	#	□ HFAP ID#		A2LA Cert.#	
ASHI and AABB do not require scores to be sent.					
College of American Pathologists (CAP) - please fill out the bottom portion of this form.					
Thank you!					
Please email this form to CustomerService@api-pt.com					
CAP-ACCREDITED LABS ONLY - PLEASE COMPLETE					
CAP Accredited Labs - Proficiency Testing Data Release					
I authorize enrollment information and proficiency testing results for all analytes for which I am enrolled with American Proficiency Institute to be forwarded to the College of American Pathologists for accreditation purposes.					
LAP/CAP Numb	er	Faci	ity Name		

Signature_

Printed Name _____ Date ____

NOTE: Most API analytes are CAP accepted. Some new or rare analytes are not yet accepted. A list of accepted analytes appears in our catalog or on our website at www.api-pt.com. Please contact us at 800-333-0958 with any questions.