



1159 Business Park Drive, Traverse City, MI 49686
800-333-0958 / FAX: 855-900-6119
api-pt.com

Dear Customer,

Please help us complete our records by providing the information below.

1) Facility / Lab Name _____ API Customer # _____

CLIA Number ___ _ D ___ _ _ _ _ _ _ _

2) Choose the option that most accurately describes your facility:

- Checkboxes for facility types: Air Force Hospital/Clinic, Army Hospital/Clinic, Naval Hospital/Clinic, VA Hospital/Clinic, Hospital < 100 beds, Hospital 101 - 200 beds, Hospital 201 - 300 beds, Hospital 301 - 400, Hospital > 400 beds, Independent Laboratory, Manufacturer, Clinic/Physician Office Lab

3) To report to your state or accrediting agency, mark the organization and provide your lab ID number.

My laboratory is inspected by:

States

- Checkboxes for state accreditation: NY Clinical Lab Evaluation Program (CLEP), NY CLIA Office (POLEP), Other State

Accrediting Agencies

- Checkboxes for accrediting agencies: Joint Commission, COLA, HFAP, A2LA

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 Number _____ Facility 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.