

Name
Institution
Address
City, State, Country

Month, date, year

RE: Centers for Disease Control and Prevention (CDC) Susceptibility Testing of *Mycobacterium tuberculosis* and Non-tuberculous Mycobacteria Performance Evaluation Program

Dear Dr_____

Thank you for your interest in the Susceptibility Testing of *Mycobacterium tuberculosis* and Non-tuberculous Mycobacteria (*M. tuberculosis*/NTM) Performance Evaluation Program. At this time acceptance into (or participation in) this program is limited to public health laboratories and we regret to inform you that we cannot accept your request for participation and we are unable to process your registration.

Thank you again for your interest in this important public health initiative.

Sincerely yours,

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