

Date

(Add blank lines here as necessary to center text on the page.)

Lab director name or person who requested enrollment (must have signed form by director if new enrollee)

Laboratory Name 1

Laboratory Name 2

Mailing Address 1

Mailing Address 2

City, State Zip Code or Province and Postal

Country (Canada and Foreign Only)

RE: **Model Performance Evaluation Program Number** XXXXXX

Dear **Dr. Mr. Ms. etc. Last Name:**

Thank you for your interest in the Centers for Disease Control and Prevention Model Performance Evaluation Program (MPEP). We have received and processed your recent enrollment request and enrolled your laboratory in the following MPEP project areas:

(Use Human Immunodeficiency Virus Type 1 spelled out only once and abbreviate others. Include the new program(s) the laboratory is enrolling in at this time.)

Testing for Human Immunodeficiency Virus Type 1 (HIV-1) antibody

Human Immunodeficiency Virus (HIV) Rapid Testing

(Use Human Immunodeficiency Virus Type 1 spelled out only once and abbreviate others. For laboratories previously enrolled (i.e. already have a MPEP number), list the project area(s) the laboratory is currently enrolled. If there is only one project area to include, add it to the sentence rather than listing it. Select one of the paragraphs below.)

Please use the above referenced MPEP number when communicating with us about any of the MPEP project areas in which you are participating.

The next shipment of samples for /HIV-1 antibody testing/OR /HIV Rapid Testing/ is scheduled for **Month Day, Year**. Your MPEP number will be located on the internal mailing label of each shipment of samples. You should receive a pre-shipment letter before any shipment, notifying you in advance of the shipment date and asking you to return an enclosed form if there is any change in laboratory address or contact person. This will ensure that there will be no difficulty in each shipment of samples reaching your laboratory.

For questions regarding scheduled sample panel shipments or the mailing of survey questionnaires, please contact Constella Group, LLC which is the company under contract to CDC to assist in the management

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of the MPEP enrollment data base. You can contact them by dialing **1-800-642-6941** (*if domestic letter*) **(404) 325-2660** (*if foreign letter*), faxing to (404) 325-2667, emailing mpep@constellagroup.com, or by writing to the following address:

**MPEP Survey Coordinator
Constella Group, LLC
Three Corporate Boulevard
Corporate Square, Suite 600
Atlanta, GA 30329**

Page 2 - Full name and title of the person letter is addressed to. Shift header as needed for page break.

If you have questions related to your participation in the MPEP, please contact David Cross, CDC, at (404) 718-1004. You can also fax questions to (404) 718-1080, or write directly to CDC at the address below. Thank you for your support of this very important program.

Sincerely yours,



G. David Cross, M.S., Manager
Model Performance Evaluation Program
Laboratory Practice Evaluation and Genomics Branch
Division of Laboratory Systems, Mailstop G-23
National Center for Preparedness, Detection, and
Control of Infectious Diseases
Coordinating Center for Infectious Diseases
Centers for Disease Control and Prevention (CDC)

Enclosure

2 Enclosures

cc. Contact name if different from requestor
Laboratory director name if requestor not director

The goal is to inform all applicable persons (director, contact, requestor) of the recent enrollment.