

**Model Performance Evaluation Program
Laboratory Information Change Form**

MPEP Number: «MPEPNUMT»

Mailing address of laboratory:

«MLINE1»

«MLINE2»

«MLINE3»

«MLINE4»

«MLINE5»

«MLINE6»

Phone: «PHONE»

Fax: «FAX»

E-mail: «EMAIL»

Laboratory Director: «DIRECTOR»

Shipping address of laboratory:

«SLINE1»

«SLINE2»

«SLINE3»

«SLINE4»

«SLINE5»

«SLINE6»

In the spaces below, please indicate only those changes to be made to the current information listed above:

1. Contact Person: Name: _____
Title: _____

2. Laboratory Name: _____

Laboratory Director: _____

4a. **Mailing address** of Laboratory (address to which correspondence should be sent):

Street / PO Box: _____

City: _____ State/Province: _____

Country: _____ Postal Code: _____

Telephone No.: _____ Extension: _____

FAX Number: _____ E-mail: _____

4b. **Shipping address** to which specimens should be mailed (if different from above):

Note: specimens cannot be mailed to PO Boxes.

Street: _____

City: _____ State/Province: _____

Country: _____ Postal Code: _____

5. Please indicate by checking (✓) all MPEP programs to which these changes should be applied:
_____ HIV-1 antibody _____ HIV Rapid Test

6. Person completing form: _____

7. Today's Date: _____

Fax changes to **(404) 325-2667**, **call** Constella Group, LLC directly at **1-800-642-6941**, or **mail** using the enclosed pre-addressed envelope to:

CDC MPEP Survey Coordinator
Constella Group, LLC
3 Corporate Boulevard, Suite 600
Atlanta, GA 30329