

**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