Model Performance Evaluation Program for M. tuberculosis/Non-tuberculous Mycobacteria Drug Susceptibility Testing Program(MTB/NTM DST) Laboratory Information Change Form

Laboratory Information Change Form

Lab ID# Number:

Please indicate changes to be made to your current laboratory information:			
1.	Laboratory Name:		
2a.	Mailing Contact Person:		
	Name:		
	Title:		
	Telephone Number:	FAX Number:	
	E-Mail:		
2b.	Shipping Contact Person:		
	Name:		
	Title:		
	Telephone Number:	FAX Number:	
	E-Mail:		
3a.	Mailing Address of Laboratory (address which correspondence should be sent):		
	Street or PO Box:		
	City:	State:	
	Country:		
3b.	Shipping Address of Laboratory to which specimen *Cultures can not be mailed to PO Boxes	oping Address of Laboratory to which specimens should be mailed if different from above:	
	Street:		
	City:	State:	
4. Pá	anels to be shipped to laboratory (check only one):	\square <i>M. tuberculosis</i> Only \square NTM Only \square Both <i>M. tuberculosis</i> and NTM	
5. Person Completing Form:			
6. Today's Date:			

Public reporting of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0600)

Please email this form to aragin@cdc.gov or fax to 404 498-2372, Attention: MTB/NTM DST