



Laboratory Enrollment Form

Date

Laboratory Information

Laboratory Name

Phone Number

Fax Number

General Laboratory E-mail Address (If applicable)

Website

Mailing Address

Address

Shipping Address (Same as mailing address.)

Address

City

City

State/Province

State/Province

Zip/Postal Code

Zip/Postal Code

Country

Country

Requestor Information

Salutation

First Name

Last Name

Degree(s)

Title/Position

MD Ph.D. Other

Phone Number

Fax Number

E-mail Address

Please complete this form, save it for your records and e-mail it to lamp@cdc.gov.

CDC estimates the average public reporting burden for this collection of information as 10 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information 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 Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-xxxx).