



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.