

**AMERICAN ASSOCIATION OF BIOANALYSTS  
PROFICIENCY TESTING SERVICE**

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**Demographic Changes**

***AUTHORIZING PERSON / INSTITUTION***

Account #

Name:

Title:

Institution

Address

City

State

Zip

Telephone

Extension

Fax

***MAILING ADDRESS If Different***

Mail Address

City

State

Zip

Email Address

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Name:

Title:

Institution

Billing Address

City

State

Zip

Email Address

**Authorizing a Consultant**

- 1) Complete the Authorizing Person / Institution portion above
- 2) Choose method Consultant will receive your reports from the following options:

Paper reports via standard mail

Electronic reports via e-mail

Electronic reports via web access

- 3) Complete the Consultant contact information below:

***CONSULTANT'S CONTACT / ADDRESS***

Name

Mail Address

City

State

Zip

Email Address

Telephone

Extension

Fax

Comments: