

**AMERICAN ASSOCIATION OF BIOANALYSTS
PROFICIENCY TESTING SERVICE**

205 West Levee Street
Brownsville, Texas 78520
E-mail to: customerservice@aab-pts.org

800.234.5315
281.436.5357
Fax 956.542.4041

DEMOGRAPHICS *Required fields*

Account #	
Completed by:	

<i>Fill out fields only if making changes or corrections to your demographics information</i>					
Name:					
Title:					
Institution					
Address					
City		State		Zip	
Telephone		Ext.		Fax	

<i>Enter additional account information as required:</i>			
CLIA #:		LAP #:	
COLA #:			

Please indicate all additions and/or cancellations below. Print and send this form via mail if paying by check. Email (customerservice@aab-pts.org) or fax (956-542-4041) requests must be accompanied by a credit card payment or a purchase order. For questions call us at 800-234-5315. Click on the SUBMIT button below to send an email.

Program Additions

Program Cancellations

Fee may be pro-rated and will be determined by number of shipments remaining in the current year.

Refund will be determined by number of shipments remaining in the current year. Written notice is required 21 days prior to any future event to receive credit or refund

Purchase Order #: _____

Credit Card Information:    

_____ - _____ - _____ - _____ Exp. _____ / _____ Security Code _____

If Credit Card Name or Address is different from the billing address, please fill out the following fields:

Card holder Name: _____

Mailing address: _____

City: _____ State _____ Zip Code _____

Internal use only

Q	B/C	Order Date	PO Date	Purchase Order #	Amount Paid	Amount to Bill