



PROFICIENCY TESTING MASTER LIST CHANGE FORM PRODUCT NAME CHANGE

This form is exclusively for use by manufacturers of laboratory instrument, reagents, and kits.

Date of request: _____

Contact information

Mr. Ms. Dr.

First name (given name or forename)

Middle initial

Last name (surname or family name)

Credentials, eg, MT(ASCP), MBA, PhD, etc

Job title

Telephone number

Email

Company name

Street address

City

State or Province

Postal (ZIP) code

Country (if outside US)

Details of product change

For product additions, deletions, or reformulations, see the separate dedicated forms.

Describe changes needed

Attach package insert or instrument specification sheet with test menu and methodologies.

Failure to provide information or required documents may cause your request to be delayed or denied.

The documentation you provide will be used by CAP staff **only**; we will not share it with customers. If you have more than one request, please complete additional forms, or provide a list or spreadsheet that incorporates the information in this form.

Email form(s) and supplemental documentation to masterlists@cap.org.

For Questions Contact:

masterlists@cap.org
1-800-323-4040, option 1 (domestic)
001-847-832-7000, option 1 (international)