



## PROFICIENCY TESTING MASTER LIST CHANGE FORM PRODUCT DELETION

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 request

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

\_\_\_\_\_  
Product name (as marketed)

\_\_\_\_\_  
Analytes tested

Instrument    Closed system    Open system    Reagent    Kit

Effective date: \_\_\_\_\_

Additional comments or information

Email form(s) and supplemental documentation to [masterlists@cap.org](mailto:masterlists@cap.org).

### For Questions Contact:

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