



PROFICIENCY TESTING MASTER LIST CHANGE FORM PRODUCT REFORMULATION / RESTANDARDIZATION / RECALIBRATION

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 reformulation/restandardization

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

For products that are reformulated, restandardized, or recalibrated, complete the appropriate items below and **provide package inserts for BOTH the current and the new version of the product.**

Current: Reagent Calibrator Ref/Lot #: _____ Final expiration date: _____

New: Reagent Calibrator Ref/Lot #: _____ Launch date: _____

Additional comments or information

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)