



**MEDICAL
LABORATORY
EVALUATION**

A SERVICE OF THE AMERICAN ASSOCIATION OF BIOANALYSTS

PAID REPLACEMENT SPECIMEN ORDER FORM

Upload, Fax to 202-835-0440, or email to mle@aab-mle.org

MLE ID NUMBER: _____

REQUEST DATE: _____ YOUR NAME: _____

YOUR FAX #: _____ YOUR PHONE #: _____

I would like to order the following specimen(s):

(Include prefix and number, for example, CH-1)

PAYMENT IN FULL IS REQUIRED PRIOR TO SHIPMENT OF SPECIMENS

I agree to pay the fee of \$15 per specimen, plus \$50 for shipping and handling.

Signature: _____

Name of facility: _____

Method of payment:

Send Invoice

Purchase Order _____

Credit Card:

Card security code _____

Credit Card Number: _____ Exp: ____ / ____

Credit card billing addresszip code: _____

Cardholder Signature: _____

NOTE: Do NOT use this form if you are ordering replacements because your specimens were MISSING or ARRIVED damaged (broken, hemolyzed, etc.)
Contact MLE at 1-800-234-5315, option 3, or mle@aab-mle.org