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ASHI Lab No. _____

Lab Name: _____

ATTN: _____

Department Name: _____

Address: _____

Address: _____

City: _____ State: _____ ZIP _____

Country: _____

2012 PROFICIENCY TESTING RESULTS SUBMISSION FORM

To All Labs who participate in the ASHI Laboratory Accreditation Program

I hereby grant permission to the American Society for Histocompatibility and Immunogenetics (ASHI) to send my laboratory's proficiency testing results from the ASHI Proficiency Testing Program Surveys to the ASHI Accreditation Review Board (ARB).

Signature: _____ Date: _____

Print Name: _____ Position: _____

Lab/Institution Name: _____

If your lab is inspected by ASHI's ARB the ASHI Central Office must have an executed permission form on file with the correct ASHI Lab number or reporting will be unsuccessful. ASHI is not responsible for non-reporting of results due to an incorrect ASHI Lab number.

The scores will be automatically transmitted to the
ASHI's Accreditation Review Board (ARB)
Please return this executed form to Cecilia Blair at ASHI,
15000 Commerce Parkway, Suite C, Mt. Laurel, NJ 08054, or Fax 856-439-0525