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(This Form is available online at [www.OLERUP.com](http://www.OLERUP.com))

**Please send this completed Registration Form by FAX or email:**  
**A-Fax to 610-344-7989** (att Eileen Tully)  
**B-Scan and send via email to [Manuel.carreno@olerup.com](mailto:Manuel.carreno@olerup.com)**

## EXTERNAL XM-ONE<sup>®</sup> PROFICIENCY TESTING PROGRAM

### REGISTRATION-FORM

Institution

Name \_\_\_\_\_

Laboratory

ASHI Lab No. \_\_\_\_\_

Director's Information

Name \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email address \_\_\_\_\_  
 Fax \_\_\_\_\_

PT Contact Individual & Receiving Information for the participating center:

ATTN: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_

Signature \_\_\_\_\_

Laboratory Director

\_\_\_\_\_ Date

## THE PROFICIENCY TESTING PROGRAM

### SUMMARY RESULT SCORES

The Summary Result Scores and Certificate for your laboratory will be sent to the laboratory director and also stored at OLERUP's main office for future reissuing purposes not to exceed 5 years. Olerup/AbSorber will not be responsible for reporting these results to ASHI, CAP, State Offices or any other accreditation institution. If your laboratory would like for OLERUP to submit a specific PT Survey Certificate to a given institution please let us know.