WSLH Proficiency Testing
WISCONSIN STATE LABORATORY OF HYGIENE
UNIVERSITY OF WISCONSIN–MADISON

www.wslhpt.org

2601 Agriculture Drive • Madison, WI 53718 • (800) 462-5261

Bacterial Meningitis PCR (Module 5010) Performance Evaluation Program Enrollment Form

If your laboratory participated in a previous CDC educational exercise, please provide your WSLH PT ID number	_ _ _ _ _ _ _ _
CLIA ID:	_ _ D_ _ _ _ _ _ _

Please indicate which of the following molecular testing is performed at your laboratory:

_____ *Haemophilus influenzae*
_____ *Neisseria meningitidis*
_____ *Streptococcus pneumoniae*

Real Time Platform (Instrument w/ model number and software version): _____

	Ship samples to:
Facility Name:	
Contact Name:	
Dept, Rm, Ste, etc:	
Street Address:	
PO Box:	N/A Samples cannot be shipped to a PO Box
City/State/Zip:	
Country (if not US)	
Email:	
Phone:	( )

	Send reports/evaluations to:
Facility Name:	
Contact Name:	
Dept, Rm, Ste, etc:	
Street Address:	
PO Box:	
City/State/Zip:	
Country (if not US)	
Email:	
Phone:	( )

Email completed form to rhonda.stauske@slh.wisc.edu or fax to 608-265-1111