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

www.wslhpt.org
2601 Agriculture Drive • Madison, WI 53718 • (800) 462-5261

Measles & Mumps PCR (Module 5190) 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 the organisms for which your facility tests: ___ Measles ____ Mumps

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

Nucleic Acid Extraction instrument/reagent: _____

Does your lab use the CDC real time PCR assay/protocol? (If not, please specify) ___ Yes ___ No: _____

	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:	( )

Return form to: (email) rhonda.stauske@slh.wisc.edu or (fax) 608-265-1111