



Rubella & Varicella PCR 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: __ Rubella (Module 5420) __ Varicella (Module 5430)

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

Nucleic Acid Extraction instrument/reagent: _____

	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:	()