



## Laboratory Enrollment Form

Date

### Laboratory Information

Laboratory Name

Phone Number

Fax Number

General Laboratory E-mail Address (If applicable)

Website

### Mailing Address

Address

Shipping Address ( Same as mailing address.)

Address

City

City

State/Province

State/Province

Zip/Postal Code

Zip/Postal Code

Country

Country

### Requestor Information

Salutation

First Name

Last Name

Degree(s)

Title/Position

MD    Ph.D.    Other

Phone Number

Fax Number

E-mail Address

Please complete this form, save it for your records and e-mail it to [lamp@cdc.gov](mailto:lamp@cdc.gov).