

<p>Your Proficiency Testing (PT) program(s) must have your written authorization to release your laboratory's PT results to COLA. You must remain enrolled with an approved PT program for one calendar year before changing enrollment to another approved PT program. Please complete this for the PT program(s) in which you are enrolled. <b>Send a copy of this release to BOTH your PT provider and COLA.</b> For a list of approved PT providers with their contact information, please see the COLA Accreditation Manual.</p>	Laboratory Name	
	Physical Address	

CLIA ID:  D

COLA ID:

**Approved Proficiency Testing Provider**

**ID/Account #**

- ☐ College of American Pathologist (CAP) SURVEYS
- ☐ American Proficiency Institute (API)
- ☐ AAB-Medical Laboratory Evaluation (AAB-MLE)
- ☐ AccuTest
- ☐ Wisconsin State Laboratory of Hygiene (WSLH)
- ☐ Commonwealth of Pennsylvania  
(For those laboratories in the state of PA that are required by the state to enroll in this program)
- ☐ Puerto Rico Proficiency Testing Service  
(For those laboratories in PR that are required by the state to enroll in this program)

**Laboratory Name:**

**Laboratory Contact Person:**

**First Name:**

**Last Name:**

**Phone:**

**Extension:**

**Fax:**

*I authorize proficiency testing results for all regulated analytes for which I am enrolled to be forwarded to COLA, my accrediting organization. By typing my name below, I hereby represent that I am duly authorized to provide this Proficiency Test Data on behalf of*

**Authorized by:**

(Lab Director or Designee)

**Date:**