



DEPARTMENT OF DEFENSE
ARMED FORCES INSTITUTE OF PATHOLOGY
WASHINGTON, DC 20306-6000

AFIP-ZD

24 April 2006

MEMORANDUM THRU

Associate Director, Center for Clinical Laboratory Medicine (CCLM), Office of Clinical Laboratory Affairs, 6825 16th Street NW, Bldg 54, Room G134, Washington, DC 20307-6000

FOR RANK First Last Name, Service Manager, CCLM, 6825 16th Street NW, Bldg 54, Room G134, Washington DC 20307-6000

SUBJECT: Update to CLIP Registration/ DOD1234567

1. I hereby assume responsibility for the laboratory sites listed on this high/moderate/PPM/minimal complexity certificate.

The sites listed below are currently active under this CLIP certificate:

Clinic 1
Clinic 3

Clinic 2
Clinic 4

The following sites are currently no longer performing testing:

Clinic 1

Clinic 2

2. I understand that I am responsible for ensuring that all standards of testing as specified by the DoD Clinical Laboratory Improvement Program (CLIP) AFIP PAM 40-24 are strictly followed and maintained.

3. I am qualified in accordance with AFIP PAM 40-24, Chapter 11-23 (b) (3) (a)

Note: see PAM for correct reference; this is only necessary for high and moderate complexity laboratories.

3. My contact information is as follows: commercial phone, DSN prefix and anybody@somewhere.mil.

Director's name
Rank, Branch
Title
SSN