



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

XXXX-XX

Date

MEMORANDUM THRU Title, Department, Facility Name, Address

Associate Director, Center for Clinical Laboratory Medicine, Office of Clinical Laboratory Affairs,
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: Memorandum of Compliance

1. In accordance with the DoD Clinical Laboratory Improvement Program AFIP PAM 40-24, the following sites have met all applicable standards for compliance:

DOD1234567	Site name	Waived
DOD1234568	Site name	Waived

2. The waived sites have met the standards as defined in Chapter 2, para 2-3 and Chapter 3.

3. These sites were inspected by accrediting agency during date inspection. I have attached a copy of the final inspection report. (if applicable)

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

Director's name
Rank, Branch
Title