



CLINICAL AND
LABORATORY
STANDARDS
INSTITUTE®

Subcommittee Membership Nomination Form

Project: Accuracy in Patient Identification

Please complete and return this nomination form to CLSI by 1 July 2007.

Fax to: +610.688.0700

E-Mail to: customerservice@clsi.org

Or send via post to:

Clinical and Laboratory Standards Institute
940 West Valley Road, Suite 1400
Wayne, PA 19087-1898

NOMINEE INFORMATION

Nominee name:

Address Line 1:

Organization/Affiliation:

Address Line 2:

Title/Position:

Address Line 3:

Telephone:

City:

Fax:

State/Province:

Postal Code:

Email address:

Country/Region:

COMMITTEE STATUS DESIRED: (This section MUST be completed for consideration.)

Subcommittee Member

Please identify your interest category for this activity:

- expected **user** of the consensus document in a patient care environment
(e.g., phlebotomist, nurse, physician, technologist)
- expected **producer** or distributor of products or services related to the consensus document
(e.g., manufacturer of labeling devices, testing instruments, healthcare items)
- general interest**, including regulatory or accreditation applications

Subcommittee Observer

NOTE: Committee balance will be established by appointment to the specific interest categories listed above, on an ongoing, sequential (in order of receipt of nomination) basis to ensure that no interest category has a majority.

For internal use
Date of Receipt: