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# Laboratory Feedback
## OLA CONSENSUS ACCREDITATION REQUIREMENTS

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**Please record your comments below and return this form to QMP-LS. Please be specific (e.g. cite the exact requirement by number). You may return this form by FAX, mail, or you may respond by e-mail to coffey@qmpls.org or crawford@qmpls.org**

**In case QMP-LS has further questions, please give the name and telephone number of a contact person in your laboratory.**

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