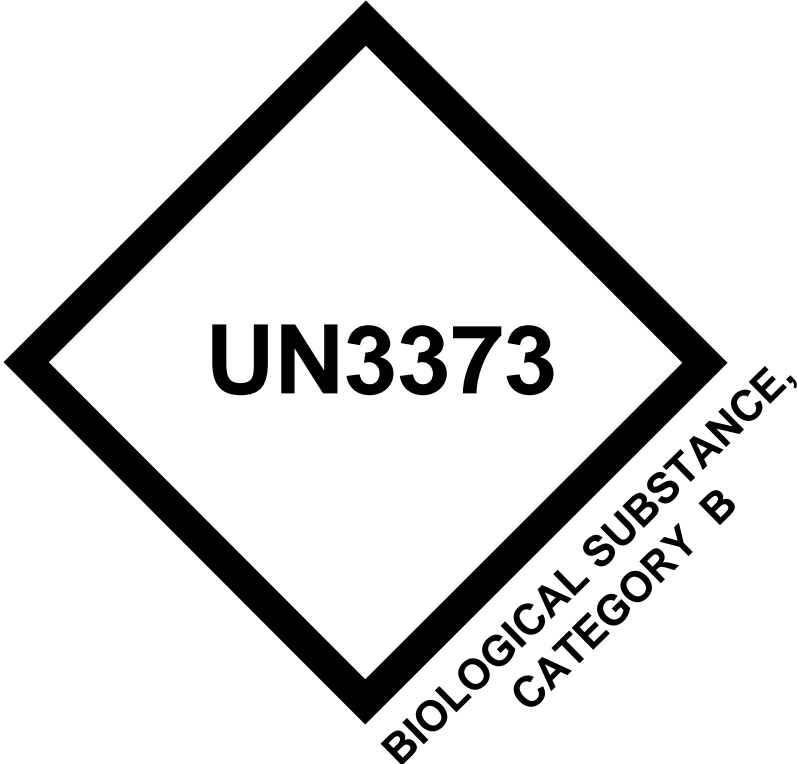
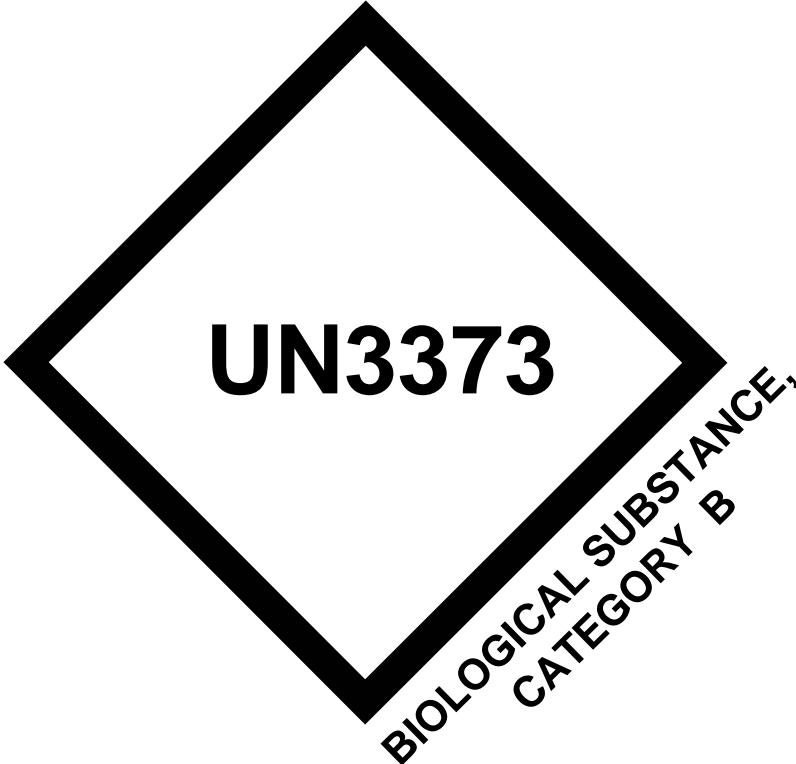


**From:** \_\_\_\_\_  
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Responsible Party Name & Phone  
\_\_\_\_\_

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Responsible Party Name & Phone  
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**To:** Michigan Department of Community Health  
Bureau of Laboratories Building 44 Room 155  
3350 North Martin Luther King Jr. Blvd.  
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