

ASHI# \_\_\_\_\_

Institution Name: \_\_\_\_\_

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**ASHI ACCREDITATION INSPECTION  
Exit Interview Signature Form**

An exit interview with the ASHI Inspector(s) was conducted on \_\_\_\_\_ (date).

**INDIVIDUALS PRESENT:**

<b>PRINTED NAME</b>	<b>SIGNATURE</b>	<b>POSITION</b>
_____	_____	Inspector
_____	_____	Inspector
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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If an exit interview was NOT conducted, complete the following:

On behalf of the \_\_\_\_\_ (name of laboratory/institution),  
I request that no exit interview be conducted.

Name of director or authorized individual \_\_\_\_\_

Signature of director or authorized individual \_\_\_\_\_

Date: \_\_\_\_\_