U.S. Postal Service

STATEMENT OF OWNERSHIP, MANAGEMENT AND CIRCULATION

Required by 39 U.S.C. 3685)

1A. TITLE OF PUBLICATION	1B. PUBLICATION NO.	2. DATE OF FILING
CLINICAL CHEMISTRY		9/7/83
3. FREQUENCY OF ISSUE	**3A. NO. OF ISSUES PUBLISHED ANNUALLY**	**3B. ANNUAL SUBSCRIPTION PRICE**
Monthly	12	$55 - individuals $95 - institutions

4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION *(Street, City, County, State and ZIP Code) (Not printers)*

1725 K Street, N.W., Washington D.C. 20006

5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OF GENERAL BUSINESS OFFICES OF THE PUBLISHER *(Not printer)*

As Above

6. FULL NAMES AND COMPLETE MAILING ADDRESS OF PUBLISHER, EDITOR, AND MANAGING EDITOR *(This item MUST NOT be blank)*

PUBLISHER *(Name and Complete Mailing Address)*

American Association for Clinical Chemistry, 1725 K St., N.W. Washington D.C. 20006

EDITOR *(Name and Complete Mailing Address)*

Dr. J. Stanton King, P.O. Box 5218, Winston-Salem NC 27103

MANAGING EDITOR *(Name and Complete Mailing Address)*

NONE

7. OWNER *(If owned by a corporation, its name and address must be stated and also immediately thereunder the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. If the publication is published by a nonprofit organization, its name and address must be stated.) (Item must be completed.)*

FULL NAME	COMPLETE MAILING ADDRESS
American Association for Clinical Chemistry	1725 K Street, N.W. Washington D.C. 20006

8. KNOWN BONDHOLDERS, MORTGAGEES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES *(If there are none, so state)*

FULL NAME	COMPLETE MAILING ADDRESS
None	

9. FOR COMPLETION BY NONPROFIT ORGANIZATIONS AUTHORIZED TO MAIL AT SPECIAL RATES *(Section 423.12 DMM only)*
The purpose, function, and nonprofit status of this organization and the exempt status for Federal income tax purposes *(Check one)*

[X] (1) HAS NOT CHANGED DURING PRECEDING 12 MONTHS

[ ] (2) HAS CHANGED DURING PRECEDING 12 MONTHS

(If changed, publisher must submit explanation of change with this statement.)

10. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUE DURING PRECEDING 12 MONTHS	ACTUAL NO. COPIES OF SINGLE ISSUE PUBLISHED NEAREST TO FILING DATE
A. TOTAL NO. COPIES *(Net Press Run)*	15,588	15,464
B. PAID CIRCULATION 1. Sales through dealers and carriers, street vendors and counter sales	NONE	NONE
2. Mail Subscription	12,634	12,783
C. TOTAL PAID CIRCULATION *(Sum of 10B1 and 10B2)*	12,634	12,783
D. FREE DISTRIBUTION BY MAIL, CARRIER OR OTHER MEANS SAMPLES, COMPLIMENTARY, AND OTHER FREE COPIES	793	741
E. TOTAL DISTRIBUTION *(Sum of C and D)*	13,427	13,524
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	2,161	1,940
2. Return from News Agents	NONE	NONE
G. TOTAL *(Sum of E, F1 and 2 - should equal net press run shown in A)*	15,588	15,464

11. I certify that the statements made by me above are correct and complete

SIGNATURE AND TITLE OF EDITOR, PUBLISHER, BUSINESS MANAGER, OR OWNER

PS Form 3526 July 1982

(See instruction on reverse)