

2017 ORDER FORM

AMERICAN ASSOCIATION OF BIOANALYSTS
PROFICIENCY TESTING SERVICE

205 West Levee Street
Brownsville, Texas 78520
www.aab-pts.org E-mail: customerservice@aab-pts.org

800.234.5315
281.436.5357
Fax 956.542.4041

Account No.		-		XN		FOR OFFICE USE ONLY
SN-1		SN-2		SN-3		
QN	QC	Order Date	P.O. Date	Purchase Order	Amount Paid	Amount to Bill

PLEASE FILL OUT BELOW

SHIPPING ADDRESS (for delivery of testing material, physical street address is required).

Name

Institution

Address

City/State/Zip -

Telephone - - Extension Telefax - -

MAILING ADDRESS (for mail delivery of correspondence such as graded reports).

Mail Address

City/State/Zip -

BILLING ADDRESS (for mail delivery of invoices and statements).

Institution

Mail Address

City/State/Zip -

Imprinting Desired on Certificate of Participation

Indicate type of laboratory from listing on page 5 of this form.

EMAIL ADDRESS

Email

Check below and, if applicable, enter number.

Participation is for compliance with:

- Internal use only; a copy of my results is to be sent to my laboratory only. Note: state regulations may override this request.
- CLIA regulations; a copy of my results is to be sent to CMS (formerly HCFA) and my State Agency.
- COLA requirements; a copy of my results is to be sent to COLA and my State Agency.
- COLA requirements; a copy of my results is to be sent only to COLA.
- CAP requirements; a copy of my results is to be sent to CAP.
(A copy of your certificate of accreditation from CAP is required for LAP number verification purposes.)

I desire Spanish literature.

CLIA No. D

State No.

COLA No.

LAP No.

PAYMENT OPTIONS

Select the programs from the 2015 program list, calculate total and select the appropriate payment method from the below choices:

CREDIT CARD.

Fill out the information as indicated.

Card No.

Exp Date. Authorized Amount:

Security Code.



Credit Card Billing Information (Fill out, if different from above).

Card Holder's Name

Card Holder's Company Name (if required)

Card Holder's Bill-To Address

Card Holder's City/State & Zip

Card Holder's signature

PAYMENT ENCLOSED.

Check or money order only.

Make payable to :
American Association of Bioanalysts
TIN 94-6114214

PURCHASE ORDER ENCLOSED.

Purchase order with terms of prepayment (advance payment) or Net 30 (from AAB's receipt of order).

LETTER OF AUTHORIZATION ENCLOSED.

Orders received with letters of authorization are subject to terms of Net 30 from AAB's receipt of order.

This order was placed by:	Signature	Print Name and Title	Phone:
	<input type="text"/>	<input type="text"/>	() -
			() -
			() -

Institution Name: _____

CLIA #: _____

2017 Programs Order Form - Prorated 1 event

Enrollment Deadlines - 3Q CH 9/5/17; 3Q NCH 10/23/17; 2S AEF 11/6/17

Cat #	Program Description	X	Price	Total
	Provider Performed Microscopy			
1009693	Clinical Microscopy		\$13	
1011363	Provider Performed Microscopy		\$35	
	Point of Care Waived Tests			
2009203	Activated Clotting Time, 2-vial		\$86	
1001155	Chemistry, i-STAT, Waived		\$72	
1011263	Chemistry, Waived		\$42	
A1011303	<i>Pregnancy, Urine, Waived Add On</i>		\$19	
1009143	Drug Screen, Urine		\$88	
1002073	Eosinophils, Urine		\$24	
1002033	Fecal Lactoferrin		\$56	
2002167	Glucose & Hemoglobin, 2-vial		\$53	
1009163	Glucose, WB, Basic, Single-Site		\$31	
1009093	Glycohemoglobin, 2-vial		\$64	
2009403	Helicobacter Pylori		\$55	
1011273	Hemoglobin & Hematocrit, Waived		\$48	
1011283	HIV Markers, Rapid, Waived		\$59	
1009923	Lead, Blood, Waived		\$82	
2001693	Mononucleosis, Infectious, 2-vial Waived Methods		\$31	
1009783	Occult Blood, Fecal		\$44	
1002164	Occult Blood, Gastric		\$59	
1011303	Pregnancy, Urine, Waived		\$28	
2009953	Prothrombin Time, Coaguchek XS/XS Plus, Basic		\$61	
1011323	Strep Group A Antigen Screen, Waived		\$36	
1002163	Urease, Rapid (Clo-Test)		\$53	
1009133	Urinalysis		\$27	
2002153	Viral Antigen Screen, Waived (2 events/yr.)		\$84	
	Chemistry			
1002160	Adulterated Urine		\$65	
1009013	Alcohol		\$115	
1009743	Ammonia, Blood		\$53	
1009633	Bilirubin, Direct/Neonatal, 2-vial		\$39	
1002161	Bilirubin, Direct/Neonatal, 5-vial		\$75	
1009023	Blood Gases (2 sets)		\$150	
1011343	Cardiac Markers, 2-vial		\$77	
1009103	Cardiac Markers, 5-vial		\$125	
2009713F	<i>C-Reactive Protein, high sensitivity (form only)</i>		\$17	
2009763F	<i>D-Dimer(form only)</i>		\$8	
1009033	Chemistry, Basic		\$94	
1009043	Chemistry, Comprehensive		\$100	
	COLUMN 1		Subtotal	

Cat #	Program Description	X	Price	Total
	Chemistry - continued			
1009053	Chemistry, Basic & Comprehensive		\$150	
A1009613	<i>Lipids Add On to Chemistry B/C</i>		\$15	
A1009813	<i>Iron Binding Add On to Chemistry B/C</i>		\$15	
1009933	Chemistry, i-STAT, Non-Waived		\$115	
1001155	Chemistry, i-STAT, Waived		\$72	
1009113	Chemistry, Special		\$71	
1001183	Chemistry, Fluid add on to Basic or Urine Chemistry		\$30	
1009753	Chemistry, Urine		\$74	
A1009643	<i>Microalbumin/Creatinine, Urine add on to U-Chem.</i>		\$17	
1011263	Chemistry, Waived		\$42	
A1011303	<i>Pregnancy, Urine, Waived add on to Wvd-Chem</i>		\$19	
2009713	C-Reactive Protein, high sensitivity		\$44	
2009763	D-Dimer		\$61	
1009123	Drug Monitoring, Therapeutic		\$82	
1009143	Drug Screen, Urine		\$88	
1002033	Fecal Lactoferrin		\$56	
1009073	Fertility Endocrinology		\$77	
1009083	Fructosamine		\$50	
2002167	Glucose & Hemoglobin, Hemocue, 2-vial		\$53	
1009163	Glucose, WB, Basic, Single-Site		\$31	
1009183	Glucose, WB, Comprehensive, Single-Site		\$62	
1009093	Glycohemoglobin, 2-vial		\$64	
1001973	Glycohemoglobin, 5-vial		\$117	
1001103	Hemoglobin A1C, Afinion		\$65	
1009893	Immunochemistry		\$66	
1009813	Iron Binding (TIBC/UIBC)		\$50	
1009923	Lead, Blood, Waived		\$82	
1009613	Lipids		\$51	
1009643	Microalbumin/Creatinine, Urine		\$30	
1009783	Occult Blood, Fecal		\$44	
1002164	Occult Blood, Gastric		\$59	
1001113	Oximetry, Blood		\$123	
1002503	p2PSA		\$69	
1009153	Pregnancy, Serum or Urine		\$58	
1011303	Pregnancy, Urine, Waived		\$28	
1002293	SHBG & Testosterone		\$158	
1009883	Tumor Markers		\$95	
1009133	Urinalysis		\$27	
	COLUMN 2		Subtotal	

Institution Name: _____

CLIA #: _____

2017 Programs Order Form - Prorated 1 event

Enrollment Deadlines - 3Q CH 9/5/17; 3Q NCH 10/23/17; 2S AEF 11/6/17

Cat #	Program Description	X	Price	Total
Hematology				
2009903	Blood Cell Identification		\$18	
1002073	Eosinophils, Urine		\$24	
2009603	ESR		\$51	
2009863	ESR Rapid		\$51	
2009283	Hematology, Centrifugal		\$109	
1011273	Hemoglobin and Hematocrit, Waived		\$48	
1041953	Hemoglobin and Hematocrit, 5-vial		\$95	
2009303	Hematology, w/Diff A		\$98	
2009313	Hematology, w/Diff B		\$119	
2009323	Hematology, w/Diff C		\$119	
2009333	Hematology, w/Diff D		\$98	
2009343	Hematology, w/Diff E		\$119	
2009793	Hematology, w/Diff G		\$119	
2009683	Reticulocyte Count, Automated & Manual		\$88	
1011333	Sickle Cell Screen		\$61	
Immunology/Serology				
2009373	Anti-nuclear Antibody		\$62	
2009383	Anti-streptolysin O		\$53	
2009393	C-Reactive Protein		\$35	
2002313	Diagnostic Immunology		\$151	
2009403	Helicobacter Pylori		\$55	
2009623	Hepatitis Markers		\$82	
2009443	HIV Antibodies, 5-vial, Oral Fluid		\$124	
1011283	HIV Markers, Rapid, Waived		\$59	
2009483	HIV Markers		\$81	
2009413	Immunoproteins		\$79	
2009433	Lyme Disease		\$69	
2001693	Mononucleosis, Infectious, 2-vial Waived Methods		\$31	
2009423	Mononucleosis, Infectious		\$53	
2001733	Mycoplasma Antibody		\$69	
2009453	Rheumatoid Factor		\$53	
2009463	Rubella		\$62	
2009473	Syphilis Serology		\$66	
1011355	ToRCH (2 testing events per year)		\$123	
COLUMN 3			Subtotal	

Cat #	Program Description	X	Price	Total
Coagulation				
2009203	Activated Clotting Time, 2-vial		\$86	
2009213	Coagulation, Plasma		\$61	
2009953	Prothrombin Time, Coaguchek XS/XS Plus, Basic		\$61	
2009963	Prothrombin Time, Coaguchek XS/XS Plus, Comp.		\$96	
2009223	Prothrombin Time, Whole Blood		\$102	
Immunoematology				
1001157	D (Rh) Typing		\$52	
2009873	Direct Antiglobulin Test (DAT)		\$72	
2001663	Fetal RBC (2 events per year)		\$107	
2009353	Immunoematology, Basic		\$85	
2009363	Immunoematology, Comprehensive		\$129	
2002123	Immunoematology, Comprehensive Plus		\$149	
Microbiology				
2009495	Acid-Fast Smears (2 events per year)		\$97	
2009503	Bacteriology		\$112	
1011393	Bacteriology, Complete		\$138	
2009723	C. Difficile Antigen, 5-vial		\$110	
2002183	Campylobacter addon any 5vial culture or bacterial antigen		\$31	
2009513	Chlamydia/GC/Strep B		\$148	
2009673	Cryptosporidium/Giardia, 5-vial		\$71	
2009523	Genital Culture, 5-vial		\$94	
2009543	Gram Stain, 5-well slide		\$62	
2001723	MRSA		\$81	
2009553	Parasitology		\$102	
A2002173	Rotavirus, 2-vial add on to 5-viral antigen screen		\$64	
2002163	Rotavirus, 5-vial		\$113	
1011323	Strep Group A Antigen Screen, Waived		\$36	
2009563	Strep Group A Antigen Screen		\$69	
1011323	Strep Group A Antigen Screen, molecular		\$113	
2001743	Shiga Toxin		\$76	
2009573	Throat Culture		\$113	
2009583	Throat/Urine Culture w/Colony Count		\$113	
1002163	Urease, Rapid (Clo-Test)		\$53	
2091063	Urine Colony Count		\$69	
2009593	Urine Culture w/Colony Count		\$104	
2009803	Vaginosis		\$141	
2002153	Viral Antigen Screen, Waived (2 events/yr.)		\$84	
2009733	Viral Antigen Screen		\$122	
COLUMN 4			Subtotal	

Code	Type of Laboratory
01	Ambulance
02	Ambulatory Surgery Center
03	Ancillary Testing Site in Health Care Facility
04	Assisted Living Facility
05	Blood Bank
06	Community Clinic
07	Comp. Outpatient Rehab Facility
08	End Stage Renal Disease Dialysis Facility
09	Federally Qualified Health Center
10	Health Fair
11	Health Maintenance Organization
12	Home Health Agency
13	Hospice
14	Hospital

Code	Type of Laboratory
15	Independent
16	Industrial
17	Insurance
18	Intermediate Care Facility for Mentally Retarded
19	Mobile Laboratory
20	Pharmacy
21	Physician Office
22	Practitioner Other
23	Prison
24	Public Health Laboratories
25	Rural Health Clinic
26	Scholl/Student Health Service
27	Skilled Nursing Facility / Nursing Facility
28	Tissue Bank / Repositories
29	Other