

2018 ORDER FORM

**AMERICAN ASSOCIATION OF BIOANALYSTS
PROFICIENCY TESTING SERVICE**

5615 Kirby Dr, Ste 870
Houston, TX 77005
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

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.

State No.

COLA No.

LAP No.

PAYMENT OPTIONS

Select the programs from the 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.

	Signature	Print Name and Title	Phone:
This order was placed by:	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	() -
	For questions regarding the surveys ordered, enter contact here:		() -
	For questions regarding payment/billing, enter contact here:		() -

