

**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		<b>FOR OFFICE USE ONLY</b>
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.  **D**

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 type="text"/>	<input type="text"/>	( ) -
For questions regarding the surveys ordered, enter contact here:	<input type="text"/>	<input type="text"/>	( ) -
For questions regarding payment/billing, enter contact here:	<input type="text"/>	<input type="text"/>	( ) -

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

CLIA #: \_\_\_\_\_

**2018 Programs Order Form - Prorated 2 Events**

**Enrollment Deadlines - 2Q CH 5/9/18; 2Q NCH 5/31/18; 2S AEF 11/14/18**

Cat #	Program Description	X	Price	Total
	<b>Provider Performed Microscopy</b>			
1009693	Clinical Microscopy		\$29	
1011363	Provider Performed Microscopy		\$67	
	<b>Point of Care Waived Tests</b>			
2009203	Activated Clotting Time, 2-vial		\$166	
1001155	Chemistry, i-STAT, Waived		\$135	
1011263	Chemistry, Waived		\$81	
A1011303	<i>Pregnancy, Urine, Waived Add On</i>		\$29	
1009143	Drug Screen, Urine		\$170	
1002073	Eosinophils, Urine		\$47	
1002033	Fecal Lactoferrin		\$108	
2002167	Glucose & Hemoglobin, 2-vial		\$102	
1009163	Glucose, WB, Basic, Single-Site		\$65	
1009093	Glycohemoglobin, 2-vial		\$123	
2009403	Helicobacter Pylori		\$105	
1011273	Hemoglobin & Hematocrit, Waived		\$92	
1011283	HIV Markers, Rapid, Waived		\$115	
1009923	Lead, Blood, Waived		\$153	
2001693	Mononucleosis, Infectious, 2-vial Waived Methods		\$61	
1009783	Occult Blood, Fecal		\$85	
1002164	Occult Blood, Gastric		\$114	
1011303	Pregnancy, Urine, Waived		\$54	
2009953	Prothrombin Time, CoaguChek XS/XS Plus, Basic		\$122	
1011323	Strep Group A Antigen Screen, Waived		\$72	
1002163	Urease, Rapid (Clo-Test)		\$102	
1009133	Urinalysis		\$52	
2002153	Viral Antigen Screen, Waived		\$118	
	<b>Chemistry</b>			
1002160	Adulterated Urine		\$125	
1009013	Alcohol		\$222	
1009743	Ammonia, Blood		\$102	
1009633	Bilirubin, Direct/Neonatal, 2-vial		\$76	
1002161	Bilirubin, Direct/Neonatal, 5-vial		\$144	
1009023	Blood Gases (2 sets)		\$288	
1011343	Cardiac Markers, 2-vial		\$140	
1009103	Cardiac Markers, 5-vial		\$215	
2009713F	<i>C-Reactive Protein, high sensitivity (form only)</i>		\$33	
2009763F	<i>D-Dimer(form only)</i>		\$14	
1009033	Chemistry, Basic		\$175	
1009043	Chemistry, Comprehensive		\$192	
1009053	Chemistry, Basic & Comprehensive		\$280	
A1009613	<i>Lipids Add On to Chemistry B/C</i>		\$27	
A1009813	<i>Iron Binding Add On to Chemistry B/C</i>		\$27	
A1009123	<i>Drug Monitoring, Therapeutic Add on to Chemistry B/C</i>		\$57	
1009933	Chemistry, i-STAT, Non-Waived		\$222	
1001155	Chemistry, i-STAT, Waived		\$135	
1009113	Chemistry, Special		\$136	
1009753	Chemistry, Urine/Fluids		\$158	
A1009643	<i>Microalbumin/Creatinine, Urine add on to U-Chem.</i>		\$33	
1011263	Chemistry, Waived		\$81	
A1011303	<i>Pregnancy, Urine, Waived add on to Wvd-Chem</i>		\$29	
	<b>COLUMN 1</b>		<b>Subtotal</b>	

Cat #	Program Description	X	Price	Total
2009713	C-Reactive Protein, high sensitivity		\$85	
2009763	D-Dimer		\$113	
1009123	Drug Monitoring, Therapeutic		\$158	
1009143	Drug Screen, Urine		\$170	
1002033	Fecal Lactoferrin		\$108	
1009073	Fertility Endocrinology		\$144	
1009083	Fructosamine		\$93	
2002167	Glucose & Hemoglobin, Hemocue, 2-vial		\$102	
1009163	Glucose, WB, Basic, Single-Site		\$65	
1009183	Glucose, WB, Comprehensive, Single-Site		\$125	
1009093	Glycohemoglobin, 2-vial		\$123	
1001973	Glycohemoglobin, 5-vial		\$225	
1001103	Hemoglobin A1C, Afinion		\$129	
1009893	Immunochemistry		\$124	
1009813	Iron Binding (TIBC/UIBC)		\$96	
1009923	Lead, Blood, Waived		\$153	
1009613	Lipids		\$97	
1009643	Microalbumin/Creatinine, Urine		\$61	
1009783	Occult Blood, Fecal		\$85	
1002164	Occult Blood, Gastric		\$114	
1001113	Oximetry, Blood		\$231	
1002503	p2PSA		\$133	
1009153	Pregnancy, Serum or Urine		\$111	
1011303	Pregnancy, Urine, Waived		\$54	
1002293	SHBG & Testosterone		\$287	
1009883	Tumor Markers		\$190	
1009133	Urinalysis		\$52	
	<b>Hematology</b>			
2009903	Blood Cell Identification		\$34	
1002073	Eosinophils, Urine		\$49	
2009603	ESR		\$100	
2009863	ESR Rapid		\$100	
2009283	Hematology, Centrifugal		\$204	
1011273	Hemoglobin and Hematocrit, Waived		\$92	
1041953	Hemoglobin and Hematocrit, 5-vial		\$183	
2009303	Hematology, w/Diff A		\$188	
2009313	Hematology, w/Diff B		\$222	
2009323	Hematology, w/Diff C		\$222	
2009333	Hematology, w/Diff D		\$183	
2009343	Hematology, w/Diff E		\$222	
2009793	Hematology, w/Diff G		\$222	
2009683	Reticulocyte Count, Automated		\$168	
2002553	Reticulocyte Count, Manual		\$168	
2002543	Reticulocyte Count, Sysmex		\$168	
1011333	Sickle Cell Screen		\$122	
	<b>Coagulation</b>			
2009203	Activated Clotting Time, 2-vial		\$166	
2009213	Coagulation, Plasma		\$118	
2009953	Prothrombin Time, CoaguChek XS/XS Plus, Basic		\$122	
2009963	Prothrombin Time, CoaguChek XS/XS Plus, Comp.		\$179	
2009223	Prothrombin Time, Whole Blood		\$190	
	<b>COLUMN 2</b>		<b>Subtotal</b>	

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

CLIA #: \_\_\_\_\_

**2018 Programs Order Form**

Cat #	Program Description	X	Price	Total
<b>Immunohematology</b>				
1001157	D (Rh) Typing		\$104	
2009873	Direct Antiglobulin Test (DAT)		\$138	
2001663	Fetal RBC (2 testing events per year)		\$286	
2009353	Immunohematology, Basic		\$168	
2009363	Immunohematology, Comprehensive		\$254	
2002123	Immunohematology, Comprehensive Plus		\$287	
<b>Immunology/Serology</b>				
2009373	Anti-nuclear Antibody		\$117	
2009383	Anti-streptolysin O		\$98	
2009393	C-Reactive Protein		\$65	
2002313	Diagnostic Immunology		\$280	
2009403	Helicobacter Pylori		\$105	
2009623	Hepatitis Markers		\$168	
2009443	HIV Antibodies, 5-vial, Oral Fluid		\$244	
1011283	HIV Markers, Rapid, Waived		\$115	
2009483	HIV Markers		\$158	
2009413	Immunoproteins		\$148	
2009433	Lyme Disease		\$133	
2001693	Mononucleosis, Infectious, 2-vial Waived Methods		\$61	
2009423	Mononucleosis, Infectious		\$104	
2001733	Mycoplasma Antibody		\$129	
2009453	Rheumatoid Factor		\$101	
2009463	Rubella		\$117	
2009473	Syphilis Serology		\$129	
1011355	ToRCH (2 testing events per year)		\$132	
<b>Microbiology</b>				
2009495	Acid-Fast Smears (2 testing events per year) Q3 ONLY		\$100	
2009503	Bacteriology		\$215	
1011393	Bacteriology, Complete		\$258	
2009723	C. Difficile Antigen, 5-vial		\$215	
2002183	Campylobacter-addon any 5vial culture or bacterial antigen		\$65	
2009513	Chlamydia/GC/Strep B		\$286	
2009673	Cryptosporidium/Giardia, 5-vial		\$158	
2009523	Genital Culture, 5-vial		\$176	
2009543	Gram Stain, 5-well slide		\$119	
2001723	MRSA		\$143	
2009553	Parasitology		\$194	
A2002173	Rotavirus, 2-vial - add on to 5-viral antigen screen		\$120	
2002163	Rotavirus, 5-vial		\$211	
1011323	Strep Group A Antigen Screen, Waived		\$72	
2009563	Strep Group A Antigen Screen		\$136	
2001743	Shiga Toxin		\$154	
2009573	Throat Culture		\$212	
2009583	Throat/Urine Culture w/Colony Count		\$212	
1002163	Urease, Rapid (Clo-Test)		\$102	
2091063	Urine Colony Count		\$132	
2009593	Urine Culture w/Colony Count		\$194	
2009803	Vaginosis		\$263	
2002153	Viral Antigen Screen, 2-vial Waived		\$91	
2009733	Viral Antigen Screen		\$237	
<b>COLUMN 3</b>			<b>Subtotal</b>	

**International Labs \*\*\*Call 800-234-5315 option 1 or email customerservice@aab-pts.org for the FedEx international shipping surcharge specific to your country. Also includes Alaska, Hawaii, Puerto Rico, Guam & US Virgin Islands.**

Cat #	Program Description	X	Price	Total
<b>Mycology</b>				
2001623	KOH Preparation		\$125	
<b>Andrology, Embryology &amp; Fetal Tests- 1 event only</b>				
3009234	Antisperm Antibodies		\$140	
3009974	Embryo Grading		\$142	
3009654	Fetal Fibronectin (fFN)		\$190	
3001164	Fetal Membrane Rupture		\$176	
1001244	IVF Embryology Culture Media		\$220	
3002514	Preimplantation Genetic Screening		\$426	
3009254	Sperm Count, for Quant & Qual (Post-vasectomy)		\$140	
3009264	Sperm Morphology		\$140	
3009984	Sperm Motility		\$143	
3009274	Sperm Viability		\$140	
<b>Specialty Programs</b>				
2001583	Circulating Tumor Cell (CTC)		\$226	
1002453	eGFR (3 events per year)		\$314	
1002463	Cholesterol Certification (2 events per year) S2 ONLY		\$561	
1009173	Glucose, WB, Basic, EQAS (Multisite)		\$111	
<b>Instrument Comparison</b>				<b>qty</b>
40023	Blood Gases - Primary + 1 Secondary		\$110	
A40023	Blood Gases - each additional Secondary		\$40	
40103	Cardiac Markers - Primary + 1 Secondary		\$183	
A40103	Cardiac Markers - each additional Secondary		\$132	
41343	Cardiac Markers, 2 vial - Primary + 1 Secondary		\$110	
A41343	Cardiac Markers, 2 vial - each additional Secondary		\$92	
40053	Chemistry, Basic/Comp - Primary + 1 Secondary		\$127	
A40053	Chemistry, Basic/Comp - each additional Secondary		\$49	
40933	Chemistry, i-STAT, Non-Waived - Primary + 1 Secondary		\$109	
A40933	Chemistry, i-STAT, Non-Waived - each addn'l Secondary		\$38	
41553	Chemistry, i-STAT, Waived -Primary + 1 Secondary		\$75	
A41553	Chemistry, i-STAT, Waived -each additional Secondary		\$34	
40123	Drug Monitoring, Therapeutic - Primary + 1 Secondary		\$128	
A40123	Drug Monitoring, Therapeutic - each addn'l Secondary		\$49	
41113	Oximetry, Blood - Primary + 1 Secondary		\$118	
A41113	Oximetry, Blood - each additional Secondary		\$57	
40203	Activated Clotting Time, 2-vial - Primary + 1 Secondary		\$354	
A40203	Activated Clotting Time, 2-vial - each addn'l Secondary		\$188	
40303	Hematolgy w/ Diff A - Primary + 1 Secondary		\$181	
40313	Hematolgy w/ Diff B - Primary + 1 Secondary		\$212	
40323	Hematolgy w/ Diff C - Primary + 1 Secondary		\$212	
40333	Hematolgy w/ Diff D - Primary + 1 Secondary		\$181	
40343	Hematolgy w/ Diff E - Primary + 1 Secondary		\$212	
40793	Hematolgy w/ Diff G - Primary + 1 Secondary		\$212	
<b>COLUMN 4</b>				<b>Subtotal</b>
<b>COLUMN 3</b>				<b>Subtotal</b>
<b>COLUMN 2</b>				<b>Subtotal</b>
<b>COLUMN 1</b>				<b>Subtotal</b>
<b>Total Program Order</b>				
<b>Annual Registration &amp; Shipping Fee (must accompany all orders)</b>				<b>\$61</b>
<b>International Labs Shipping Surcharge*** (if applicable)</b>				
<b>Total Payment Due</b>				