

AMERICAN ASSOCIATION OF BIOANALYSTS
PROFICIENCY TESTING

11931 Wickchester, Ste 200
Houston, TX 77043

800.234.5315
281.436.5357

2020 ORDER FORM

www.aab-pts.org E-mail: customerservice@aab-pts.org Fax 713.781.5008

										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

Yes No

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:		() -
For questions regarding the surveys ordered, enter contact here:		() -
For questions regarding payment/billing, enter contact here:		() -

Institution Name: _____

CLIA #: _____

2020 Programs Order Form

Cat #	Program Description	X	Price	Total
	Provider Performed Microscopy			
1969-3	Clinical Microscopy		\$44	
1136-3	Provider Performed Microscopy		\$100	
	Point of Care Waived Tests			
2920-3	Activated Clotting Time, 2-vial		\$250	
1115-3	Chemistry, i-STAT, Waived		\$197	
1126-3	Chemistry, Waived		\$123	
1814-3	Chemistry, Waived with Pregnancy, Urine, Waived		\$165	
1914-3	Drug Screen, Urine		\$257	
2207-3	Eosinophils, Urine		\$70	
1203-3	Fecal Lactoferrin		\$163	
1217-3	Glucose & Hemoglobin, 2-vial		\$151	
1916-3	Glucose, WB, Basic, Single-Site		\$98	
1909-3	Glycohemoglobin, 2-vial		\$185	
2940-3	Helicobacter Pylori		\$156	
2127-3	Hemoglobin & Hematocrit, Waived		\$138	
2128-3	HIV Markers, Rapid, Waived		\$173	
1992-3	Lead, Blood, Waived		\$223	
2169-3	Mononucleosis, Infectious, 2-vial Waived Methods		\$92	
1978-3	Occult Blood, Fecal		\$128	
1214-3	Occult Blood, Gastric		\$172	
1130-3	Pregnancy, Urine, Waived		\$79	
2995-3	Prothrombin Time, Coaguchek XS/XS Plus, Basic		\$184	
2132-3	Strep Group A Antigen Screen, Waived		\$104	
2316-3	Urease, Rapid (Clo-Test)		\$155	
1913-3	Urinalysis		\$79	
2215-5	Viral Antigen Screen, Waived		\$177	
	Chemistry			
1216-3	Adulterated Urine		\$189	
1901-3	Alcohol		\$335	
1974-3	Ammonia, Blood		\$154	
1963-3	Bilirubin, Direct/Neonatal, 2-vial		\$114	
1211-3	Bilirubin, Direct/Neonatal, 5-vial		\$209	
1902-3	Blood Gases (2 sets)		\$418	
1134-3	Cardiac Markers, 2-vial		\$203	
1802-3	Cardiac Markers, 2-vial with hs-CRP form only		\$239	
1815-3	Cardiac Markers, 2-vial with D-dimer form only		\$225	
1817-3	Cardiac Markers, 2-vial with D-dimer & hs-CRP forms only		\$275	
1910-3	Cardiac Markers, 5-vial		\$312	
1803-3	Cardiac Markers, 5-vial with hs-CRP form only		\$348	
1816-3	Cardiac Markers, 5-vial with D-dimer form only		\$334	
1818-3	Cardiac Markers, 5-vial with D-dimer & hs-CRP forms only		\$384	
1903-3	Chemistry, Basic		\$260	
1804-3	Chemistry, Basic with Lipids		\$331	
1805-3	Chemistry, Basic with Iron Binding (TIBC/UIBC)		\$311	
1806-3	Chemistry, Basic with Therapeutic Drug Monitoring (TDM)		\$352	
1819-3	Chemistry, Basic with Lipids & TIBC/UIBC		\$382	
1820-3	Chemistry, Basic with Lipids & TDM		\$423	
1821-3	Chemistry, Basic with TIBC/UIBC & TDM		\$474	
1822-3	Chemistry, Basic with Lipids, TIBC/UIBC & TDM		\$545	
	COLUMN 1		Subtotal	

2020 Programs Order Form

Cat #	Program Description	X	Price	Total
1904-3	Chemistry, Comprehensive		\$290	
1807-3	Chemistry, Comprehensive with Lipids		\$361	
1808-3	Chemistry, Comprehensive with Iron Binding (TIBC/UIBC)		\$341	
1809-3	Chemistry, Comprehensive w/Therapeutic Drugs (TDM)		\$382	
1823-3	Chemistry, Comprehensive w/ Lipids & TIBC/UIBC		\$412	
1824-3	Chemistry, Comprehensive w/ Lipids & TDM		\$453	
1825-3	Chemistry, Comprehensive w/ TIBC/UIBC & TDM		\$433	
1826-3	Chemistry, Comprehensive w/ Lipids, TIBC/UIBC & TDM		\$504	
1905-3	Chemistry, Basic & Comprehensive		\$416	
1810-3	Chemistry, Basic & Comp with Lipids		\$487	
1811-3	Chemistry, Basic & Comp with TIBC/UIBC		\$467	
1812-3	Chemistry, Basic & Comp with TDM		\$508	
1827-3	Chemistry, Basic & Comp with Lipids & TIBC/UIBC		\$538	
1828-3	Chemistry, Basic & Comp with Lipids & TDM		\$579	
1829-3	Chemistry, Basic & Comp with TIBC/UIBC & TDM		\$555	
1830-3	Chemistry, Basic & Comp with Lipids, TIBC/UIBC & TDM		\$626	
1993-3	Chemistry, i-STAT, Non-Waived		\$322	
1115-3	Chemistry, i-STAT, Waived		\$197	
1911-3	Chemistry, Special		\$198	
1975-3	Chemistry, Urine/Fluids		\$238	
1813-3	Chemistry, Urine/Fluids with Microalbumin/Creatinine, Urine		\$288	
1126-3	Chemistry, Waived		\$123	
1814-3	Chemistry, Waived with Pregnancy, Urine, Waived		\$165	
1971-3	C-Reactive Protein, high sensitivity		\$128	
1976-3	D-Dimer		\$156	
1912-3	Drug Monitoring, Therapeutic (TDM)		\$218	
1914-3	Drug Screen, Urine		\$257	
1203-3	Fecal Lactoferrin		\$163	
1907-3	Fertility Endocrinology		\$209	
1217-3	Glucose & Hemoglobin, Hemocue, 2-vial		\$151	
1916-3	Glucose, WB, Basic, Single-Site		\$98	
1918-3	Glucose, WB, Comprehensive, Single-Site		\$189	
1909-3	Glycohemoglobin, 2-vial		\$185	
1197-3	Glycohemoglobin, 5-vial		\$340	
1110-3	Hemoglobin A1C, Afinion		\$194	
1989-3	Immunochemistry		\$180	
1981-3	Iron Binding (TIBC/UIBC)		\$145	
1992-3	Lead, Blood, Waived		\$223	
1961-3	Lipids		\$147	
1964-3	Microalbumin/Creatinine, Urine		\$92	
1978-3	Occult Blood, Fecal		\$128	
1214-3	Occult Blood, Gastric		\$172	
1111-3	Oximetry, Blood		\$335	
1250-3	p2PSA		\$201	
1915-3	Pregnancy, Serum or Urine		\$161	
1130-3	Pregnancy, Urine, Waived		\$79	
1229-3	SHBG & Testosterone		\$416	
1988-3	Tumor Markers		\$287	
1913-3	Urinalysis		\$79	
	COLUMN 2		Subtotal	

Institution Name: _____
 CLIA #: _____

2020 Programs Order Form

Cat #	Program Description	X	Price	Total
Hematology				
2990-3	Blood Cell Identification		\$52	
2207-3	Eosinophils, Urine		\$70	
2960-3	ESR		\$152	
2986-3	ESR Rapid		\$152	
2127-3	Hemoglobin and Hematocrit, Waived		\$138	
2195-3	Hemoglobin and Hematocrit, 5-vial		\$278	
2930-3	Hematology, w/Diff A		\$276	
2931-3	Hematology, w/Diff B		\$317	
2932-3	Hematology, w/Diff C		\$317	
2933-3	Hematology, w/Diff D		\$276	
2934-3	Hematology, w/Diff E		\$317	
2979-3	Hematology, w/Diff G		\$317	
2968-3	Reticulocyte Count, Automated		\$244	
2255-3	Reticulocyte Count, Manual		\$244	
2254-3	Reticulocyte Count, Sysmex		\$244	
2133-3	Sickle Cell Screen		\$184	
Coagulation				
2920-3	Activated Clotting Time, 2-vial		\$250	
2921-3	Coagulation, Plasma		\$179	
2995-3	Prothrombin Time, CoaguChek XS/XS Plus, Basic		\$184	
Immunohematology				
2115-3	D (Rh) Typing		\$157	
2987-3	Direct Antiglobulin Test (DAT)		\$208	
2166-2	Fetal RBC (2 testing events per year)		\$302	
2935-3	Immunohematology, Basic		\$254	
2936-3	Immunohematology, Comprehensive		\$384	
2212-3	Immunohematology, Comprehensive Plus		\$421	
Immunology/Serology				
2937-3	Anti-nuclear Antibody		\$161	
2938-3	Anti-streptolysin O		\$146	
2939-3	C-Reactive Protein		\$98	
2231-3	Diagnostic Immunology		\$422	
2940-3	Helicobacter Pylori		\$156	
2962-3	Hepatitis Markers		\$254	
2944-3	HIV Antibodies, 5-vial, Oral Fluid		\$368	
2128-3	HIV Markers, Rapid, Waived		\$173	
2948-3	HIV Markers		\$238	
2941-3	Immunoproteins		\$218	
2943-3	Lyme Disease		\$201	
2169-3	Mononucleosis, Infectious, 2-vial Waived Methods		\$92	
2942-3	Mononucleosis, Infectious		\$157	
2173-3	Mycoplasma Antibody		\$187	
2945-3	Rheumatoid Factor		\$153	
2946-3	Rubella		\$166	
2947-3	Syphilis Serology		\$194	
2135-3	ToRCH (2 testing events per year)		\$260	
Microbiology				
2949-5	Acid-Fast Smears (2 testing events per year)		\$198	
2950-3	Bacteriology		\$312	
2139-3	Bacteriology, Complete		\$364	
COLUMN 3			Subtotal	

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
2811-3	Bacteriology, Complete with Urine Colony Count		\$465	
2812-3	Blood Culture, Supplemental		\$138	
2972-3	C. Difficile Antigen, 5-vial		\$321	
2218-3	Campylobacter 2-vial Supplemental		\$97	
2951-3	Chlamydia/GC/Strep B		\$432	
2967-3	Cryptosporidium/Giardia, 5-vial		\$238	
2952-3	Genital Culture, 5-vial		\$250	
2954-3	Gram Stain		\$177	
2172-3	MRSA		\$156	
2955-3	Parasitology		\$281	
2217-3	Rotavirus, 2-vial - add on to 5- vial viral antigen screen		\$146	
2216-3	Rotavirus, 5-vial		\$296	
2132-3	Strep Group A Antigen Screen, Waived		\$104	
2956-3	Strep Group A Antigen Screen		\$192	
2174-3	Shiga Toxin		\$233	
2957-3	Throat Culture		\$302	
2958-3	Throat/Urine Culture		\$302	
2813-3	Throat/Urine Culture w/Colony Count form only		\$322	
2316-3	Urease, Rapid (Clo-Test)		\$155	
2106-3	Urine Colony Count		\$200	
2959-3	Urine Culture		\$276	
2814-3	Urine Culture w/Colony Count form only		\$296	
2980-3	Vaginosis		\$374	
2215-5	Viral Antigen Screen, 2-vial Waived		\$177	
2973-3	Viral Antigen Screen		\$364	
Mycology				
2162-3	KOH Preparation		\$182	
Andrology, Embryology & Fetal Tests				
3923-4	Antisperm Antibodies		\$250	
3997-4	Embryo Grading		\$279	
3965-4	Fetal Fibronectin (fFN)		\$373	
3116-4	Fetal Membrane Rupture		\$338	
3124-4	IVF Embryology Culture Media		\$433	
3251-4	Preimplantation Genetic Testing - Aneuploidy		\$838	
3925-4	Sperm Count, for Quant & Qual (Post-vasectomy)		\$270	
3926-4	Sperm Morphology		\$270	
3998-4	Sperm Motility		\$281	
3927-4	Sperm Viability		\$270	
Specialty Programs				
1917-3	Glucose, WB, Basic, EQAS (Multisite)		\$167	
COLUMN 4			Subtotal	
COLUMN 3			Subtotal	
COLUMN 2			Subtotal	
COLUMN 1			Subtotal	
Total Program Order				
Annual Registration & Shipping Fee (must accompany all orders)				\$105
International Labs Shipping Surcharge*** (if applicable)				
Total Payment Due				

**American Association of Bioanalysts - Proficiency Testing
2020 Shipping Schedule**

Chemistry & Non Chemistry

Quadrimester	Micro Ship Dates	Shipping Dates	Replacements	Results Submissions	Evaluations Returned
First	January 28	February 4	February 10	February 19	March 13
Second	April 28	May 5	May 11	May 20	June 12
Third	September 8	September 15	September 21	September 30	October 23

Andrology, Embryology & Fetal

Shipment	Shipping Dates	Replacements	Results Submissions	Evaluations Returned
First	April 7	April 13	April 22	May 15
Second	October 27	November 2	November 11	December 4