

AMERICAN ASSOCIATION OF BIOANALYSTS
PROFICIENCY TESTING

2021 ORDER FORM

11931 Wickchester Ln, Ste 200

Houston, TX 77043

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

Fax 713.781.5008

800.234.5315

281.436.5357

												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. _____ D _____

State No. _____

COLA No. _____

LAP No. _____

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:		() -

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. _____ m m y y 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.

Institution Name: _____

CLIA #: _____

2021 Programs Order Form

Cat #	Program Description	X	Price	Total
	Provider Performed Microscopy			
1969-3	Clinical Microscopy		\$46	
1136-3	Provider Performed Microscopy		\$104	
	Point of Care Waived Tests			
2920-3	Activated Clotting Time, 2-vial		\$260	
1115-3	Chemistry, i-STAT, Waived		\$205	
1126-3	Chemistry, Waived		\$128	
1814-3	Chemistry, Waived with Pregnancy, Urine, Waived		\$172	
1914-3	Drug Screen, Urine		\$267	
2207-3	Eosinophils, Urine		\$73	
1203-3	Fecal Lactoferrin		\$170	
1217-3	Glucose & Hemoglobin, Hemocue, 2-vial		\$161	
1916-3	Glucose, WB, Basic, Single-Site		\$102	
1909-3	Glycohemoglobin, 2-vial		\$192	
2940-3	Helicobacter Pylori		\$162	
2127-3	Hemoglobin & Hematocrit, Waived		\$144	
2128-3	HIV Markers, Rapid, Waived		\$180	
1992-3	Lead, Blood, Waived		\$232	
2169-3	Mononucleosis, Infectious, 2-vial Waived Methods		\$96	
1978-3	Occult Blood, Fecal		\$133	
1214-3	Occult Blood, Gastric		\$179	
1130-3	Pregnancy, Urine, Waived		\$82	
2995-3	Prothrombin Time, Coaguchek XS/XS Plus, Basic		\$191	
2132-3	Strep Group A Antigen Screen, Waived		\$108	
2316-3	Urease, Rapid (Clo-Test)		\$161	
1913-3	Urinalysis		\$82	
2215-5	Viral Antigen Screen, Waived		\$184	
	Chemistry			
1216-3	Adulterated Urine		\$197	
1901-3	Alcohol		\$348	
1974-3	Ammonia, Blood		\$160	
1963-3	Bilirubin, Direct/Neonatal, 2-vial		\$119	
1211-3	Bilirubin, Direct/Neonatal, 5-vial		\$217	
1902-3	Blood Gases (2 sets)		\$435	
1134-3	Cardiac Markers, 2-vial		\$211	
1802-3	Cardiac Markers, 2-vial with hs-CRP form only		\$263	
1815-3	Cardiac Markers, 2-vial with D-dimer form only		\$234	
1817-3	Cardiac Markers, 2-vial with D-dimer & hs-CRP forms only		\$286	
1910-3	Cardiac Markers, 5-vial		\$324	
1803-3	Cardiac Markers, 5-vial with hs-CRP form only		\$376	
1816-3	Cardiac Markers, 5-vial with D-dimer form only		\$347	
1818-3	Cardiac Markers, 5-vial with D-dimer & hs-CRP forms only		\$399	
1903-3	Chemistry, Basic		\$270	
1804-3	Chemistry, Basic with Lipids		\$344	
1805-3	Chemistry, Basic with Iron Binding (TIBC/UIBC)		\$323	
1806-3	Chemistry, Basic with Therapeutic Drug Monitoring (TDM)		\$366	
1819-3	Chemistry, Basic with Lipids & TIBC/UIBC		\$397	
1820-3	Chemistry, Basic with Lipids & TDM		\$440	
1821-3	Chemistry, Basic with TIBC/UIBC & TDM		\$493	
1822-3	Chemistry, Basic with Lipids, TIBC/UIBC & TDM		\$567	
	COLUMN 1		Subtotal	

2021 Programs Order Form

Cat #	Program Description	X	Price	Total
1904-3	Chemistry, Comprehensive		\$302	
1807-3	Chemistry, Comprehensive with Lipids		\$376	
1808-3	Chemistry, Comprehensive with Iron Binding (TIBC/UIBC)		\$355	
1809-3	Chemistry, Comprehensive w/Therapeutic Drugs (TDM)		\$397	
1823-3	Chemistry, Comprehensive w/ Lipids & TIBC/UIBC		\$429	
1824-3	Chemistry, Comprehensive w/ Lipids & TDM		\$471	
1825-3	Chemistry, Comprehensive w/ TIBC/UIBC & TDM		\$450	
1826-3	Chemistry, Comprehensive w/ Lipids, TIBC/UIBC & TDM		\$524	
1905-3	Chemistry, Basic & Comprehensive		\$433	
1810-3	Chemistry, Basic & Comp with Lipids		\$507	
1811-3	Chemistry, Basic & Comp with TIBC/UIBC		\$486	
1812-3	Chemistry, Basic & Comp with TDM		\$528	
1827-3	Chemistry, Basic & Comp with Lipids & TIBC/UIBC		\$560	
1828-3	Chemistry, Basic & Comp with Lipids & TDM		\$602	
1829-3	Chemistry, Basic & Comp with TIBC/UIBC & TDM		\$577	
1830-3	Chemistry, Basic & Comp with Lipids, TIBC/UIBC & TDM		\$651	
1993-3	Chemistry, i-STAT, Non-Waived		\$335	
1115-3	Chemistry, i-STAT, Waived		\$205	
1911-3	Chemistry, Special		\$206	
1975-3	Chemistry, Urine/Fluids		\$248	
1813-3	Chemistry, Urine/Fluids with Microalbumin/Creatinine, Urine		\$300	
1126-3	Chemistry, Waived		\$128	
1814-3	Chemistry, Waived with Pregnancy, Urine, Waived		\$172	
1971-3	C-Reactive Protein, high sensitivity		\$133	
1976-3	D-Dimer		\$162	
1912-3	Drug Monitoring, Therapeutic (TDM)		\$227	
1914-3	Drug Screen, Urine		\$267	
1203-3	Fecal Lactoferrin		\$170	
1907-3	Fertility Endocrinology		\$217	
1217-3	Glucose & Hemoglobin, Hemocue, 2-vial		\$161	
1916-3	Glucose, WB, Basic, Single-Site		\$102	
1918-3	Glucose, WB, Comprehensive, Single-Site		\$197	
1909-3	Glycohemoglobin, 2-vial		\$192	
1197-3	Glycohemoglobin, 5-vial		\$354	
1110-3	Hemoglobin A1C, Afinion		\$202	
1989-3	Immunochemistry		\$187	
1981-3	Iron Binding (TIBC/UIBC)		\$151	
1992-3	Lead, Blood, Waived		\$232	
1961-3	Lipids		\$153	
1964-3	Microalbumin/Creatinine, Urine		\$96	
1978-3	Occult Blood, Fecal		\$133	
1214-3	Occult Blood, Gastric		\$179	
1111-3	Oximetry, Blood		\$349	
1250-3	p2PSA		\$209	
1915-3	Pregnancy, Serum or Urine		\$167	
1130-3	Pregnancy, Urine, Waived		\$82	
1229-3	SHBG & Testosterone		\$433	
1988-3	Tumor Markers		\$299	
1913-3	Urinalysis		\$82	
	COLUMN 2		Subtotal	

Institution Name: _____

CLIA #: _____

2021 Programs Order Form

Cat #	Program Description	X	Price	Total
Hematology				
2990-3	Blood Cell Identification		\$54	
2207-3	Eosinophils, Urine		\$73	
2960-3	ESR		\$158	
2986-3	ESR Rapid		\$158	
2127-3	Hemoglobin and Hematocrit, Waived		\$144	
2195-3	Hemoglobin and Hematocrit, 5-vial		\$289	
2930-3	Hematology, w/Diff A		\$287	
2931-3	Hematology, w/Diff B		\$330	
2932-3	Hematology, w/Diff C		\$330	
2933-3	Hematology, w/Diff D		\$287	
2934-3	Hematology, w/Diff E		\$330	
2979-3	Hematology, w/Diff G		\$330	
2968-3	Reticulocyte Count, Automated		\$254	
2255-3	Reticulocyte Count, Manual		\$254	
2254-3	Reticulocyte Count, Sysmex		\$254	
2133-3	Sickle Cell Screen		\$191	
Coagulation				
2920-3	Activated Clotting Time, 2-vial		\$260	
2921-3	Coagulation, Plasma		\$186	
2995-3	Prothrombin Time, CoaguChek XS/XS Plus, Basic		\$191	
Immunohematology				
2115-3	D (Rh) Typing		\$163	
2987-3	Direct Antiglobulin Test (DAT)		\$216	
2166-2	Fetal RBC (2 testing events per year)		\$314	
2935-3	Immunohematology, Basic		\$264	
2936-3	Immunohematology, Comprehensive		\$399	
2212-3	Immunohematology, Comprehensive Plus		\$438	
Immunology/Serology				
2937-3	Anti-nuclear Antibody		\$167	
2938-3	Anti-streptolysin O		\$152	
2939-3	C-Reactive Protein		\$102	
2997-3	COVID-19 Antibodies		\$369	
2231-3	Diagnostic Immunology		\$439	
2940-3	Helicobacter Pylori		\$162	
2962-3	Hepatitis Markers		\$264	
2944-3	HIV Antibodies, 5-vial, Oral Fluid		\$383	
2128-3	HIV Markers, Rapid, Waived		\$180	
2948-3	HIV Markers		\$248	
2941-3	Immunoproteins		\$227	
2943-3	Lyme Disease		\$209	
2169-3	Mononucleosis, Infectious, 2-vial Waived Methods		\$96	
2942-3	Mononucleosis, Infectious		\$163	
2173-3	Mycoplasma Antibody		\$195	
2945-3	Rheumatoid Factor		\$159	
2946-3	Rubella		\$173	
2947-3	Syphilis Serology		\$202	
2135-3	ToRCH (2 testing events per year)		\$270	
Microbiology				
2949-5	Acid-Fast Smears (2 testing events per year)		\$206	
2950-3	Bacteriology		\$325	
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
2139-3	Bacteriology, Complete		\$379	
2811-3	Bacteriology, Complete with Urine Colony Count		\$484	
2812-3	Blood Culture, Supplemental		\$144	
2972-3	C. Difficile Antigen, 5-vial		\$334	
2218-3	Campylobacter 2-vial Supplemental		\$101	
2951-3	Chlamydia/GC/Strep B		\$449	
2996-3	COVID-19 Detection, Molecular		\$303	
2967-3	Cryptosporidium/Giardia, 5-vial		\$248	
2952-3	Genital Culture, 5-vial		\$260	
2954-3	Gram Stain		\$184	
2172-3	MRSA		\$162	
2955-3	Parasitology		\$292	
2217-3	Rotavirus, 2-vial - add on to 5- vial viral antigen screen		\$152	
2216-3	Rotavirus, 5-vial		\$308	
2132-3	Strep Group A Antigen Screen, Waived		\$108	
2956-3	Strep Group A Antigen Screen		\$200	
2174-3	Shiga Toxin		\$242	
2957-3	Throat Culture		\$314	
2958-3	Throat/Urine Culture		\$314	
2813-3	Throat/Urine Culture w/Colony Count form only		\$335	
2316-3	Urease, Rapid (Clo-Test)		\$161	
2106-3	Urine Colony Count		\$208	
2959-3	Urine Culture		\$287	
2814-3	Urine Culture w/Colony Count form only		\$308	
2980-3	Vaginosis		\$389	
2215-5	Viral Antigen Screen, 2-vial Waived		\$184	
2973-3	Viral Antigen Screen		\$379	
Mycology				
2162-3	KOH Preparation		\$189	
Andrology, Embryology & Fetal Tests				
3923-4	Antisperm Antibodies		\$260	
3997-4	Embryo Grading		\$290	
3965-4	Fetal Fibronectin (fFN)		\$388	
3116-4	Fetal Membrane Rupture		\$352	
3124-4	IVF Embryology Culture Media		\$450	
3251-4	Preimplantation Genetic Testing - Aneuploidy		\$872	
3924-4	Sperm Count, Qual/Post-vasectomy		\$240	
3925-4	Sperm Count, for Quant & Qual		\$281	
3926-4	Sperm Morphology		\$281	
3998-4	Sperm Motility		\$292	
3927-4	Sperm Viability		\$281	
Specialty Programs				
1917-3	Glucose, WB, Basic, EQAS (Multisite)		\$174	
COLUMN 4			Subtotal	
COLUMN 3				Subtotal
COLUMN 2				Subtotal
COLUMN 1				Subtotal
Total Program Order				
Tier 1 Annual Registration & Shipping Fee (Chem/NonChem or AEF only)				\$105
Tier 2 Annual Registration & Shipping Fee (Chem/NonChem + AEF)				\$135
International Labs Shipping Surcharge*** (if applicable)				
Total Payment Due				