



## **AVAILABLE NOW! PT Programs for the COVID-19/SARS CoV-2**

Many of our laboratories have let us know that they already are or intend to bring up COVID-19 assays.

We have secured a supply of materials and are now accepting orders for a new proficiency testing (PT) program targeting the detection of COVID-19/SARS CoV-2 by nucleic acid amplification testing. The Shipping dates for the Molecular/PCR material will be May 26, September 15 and December 1.

We are also in the process of securing materials and are now accepting orders for antibody testing as well. Serology testing will become important for detection prior infection and hopefully soon for immune status post vaccination. We will be shipping the Serology Program as a 1mL, 3 sample 2 shipment program. The first shipment will be in July exact date TBD, with the second shipment on December 1, 2020.

### **Program information for SARS CoV-2, Molecular (COV2) and SARS**

- Samples target CDC and WHO consensus gene sequences N, E, RdRP, and ORF1a and are non-infectious material.
- This material should allow to assess their entire workflow from nucleic acid extraction through detection
- First mailing of the program will be in May 2020. The Second mailing will coincide with the regular 3rdQuad mailing, September 15. The Third mailing will be a separate mailing shipping December 1.
- Two catalog items are available.
  - For all three 2020 molecular events please order Cat # 2996-3 priced at \$291
  - If you do not expect to be testing prior to mid-May, order for just the 2<sup>nd</sup> and 3<sup>rd</sup> shipments please use Cat # 2996-2 priced at \$209.
- Additional registration and shipping fees are waived for non-foreign existing and new participants. Foreign participants will be charged the standard per-event surcharge for their country.

### **Program information for CoV-2 Antibodies (COVA)**

- First mailing of the program will be in July 2020. The Second mailing will be December 1.
- For CoV-2 Antibody testing please order Cat #2997-3
  - Please see the order form for latest pricing
- Additional registration and shipping fees are waived for non-foreign existing and new participants. Foreign participants will be charged the standard per-event surcharge for their country.

Please use our online ordering tool or contact AAB Technical Support team to place your order for the new program. Orders will need to be in writing, so we suggest that you either use our online ordering tool or get the special program order form at <https://www.aab-pts.org/> then send your request by e-mail to [techsupport@aab-pts.org](mailto:techsupport@aab-pts.org), including payment information Purchase Order number, or instructions on how we may contact you for credit card payment.

We will provide more details including the exact date for the first shipment for the antibody test as that becomes available. All information will be published at our website so please check there periodically for any updates.

**AMERICAN ASSOCIATION OF BIOANALYSTS  
PROFICIENCY TESTING SERVICE**

5615 Kirby Dr, Ste 870  
Houston, TX 77005

800.234.5315  
281.436.5357

**2020 COVID19 ORDER FORM**

**FAX OR EMAIL ONLY**

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

|           |    |            |           |                |             |                            |
|-----------|----|------------|-----------|----------------|-------------|----------------------------|
| ACCOUNT # |    | -          |           | 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**

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

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

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

**2020 COVID-19 Program Order Form**

| <b>Cat #</b>   | <b>Program Description</b>    | <b>X</b> | <b>Price</b> | <b>Total</b> |
|--|-------------------------------|----------|--------------|--------------|
| 2996-3   | COVID-19 Detection Q1, Q2, Q3 |          | \$291        |              |
| 2996-2   | COVID-19 Detection Q2, Q3     |          | \$209        |              |
| 2997-3   | CoV-2 Antibodies Q1, Q2, Q3   |          | \$195        |              |
| <b>Total Program Order</b>   |                               |          |              |              |
| <b>Annual Registration &amp; Shipping Fee waived for COVID-19 orders</b> |                               |          |              | N/A          |
| <b>International Labs Shipping Surcharge*** (if applicable)</b>          |                               |          |              |              |
| <b>Total Payment Due</b>   |                               |          |              |              |