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The reinstatement (off cycle) program is an additional testing service offered to new or deficient laboratories that require a one time testing event. Ordering a reinstatement program does not constitute enrollment in our regular testing events. Please check with your state or regulatory agency if a reinstatement program is required before ordering. The Hematology, Immunohematology and ESR programs are available only at certain times during the year; please confirm their availability before submitting your order.

Reinstatement programs are sold by individual analyte. Select the analyte(s) on the following order form by marking the appropriate box. The initial (base) cost is \$100 for the first two analytes. Each additional analyte is \$50. For a full CBC with automated Diff, the cost is \$350. Automated diff only is \$100, Urinalysis is \$100. Any culture is \$100. **In addition, effective July 1, 2011 there is a \$125 shipping & handling charge to all orders.** Reinstatement program orders are processed in the order they are received daily and the shipment time is within approximately two to five days after receipt of the order, barring any complications with processing the order request.

Reinstatement programs are sold on a **PRE-PAID** basis. Money orders, checks, and all major credit cards (security code and expiration date are required) are accepted. Reinstatement Survey Kit will not be released until payment is received. Graded results will be available approximately one to two weeks after being submitted. During shipping or grading events, availability may be delayed.

Please indicate if it is a **PRE LICENSURE** NOT A REINSTATEMENT.

After 40 days, if no results are submitted, program will be invalidated and order cancelled. No credits or refunds will be issued.

AAB-PTS REINSTATEMENT (OFF-CYCLE) ANALYTE ORDER LIST

CHEMISTRY		CHEMISTRY	
<input type="checkbox"/>	ALCOHOL	<input type="checkbox"/>	CHEMISTRY, COMPREHENSIVE
<input type="checkbox"/>	AMMONIA*	<input type="checkbox"/>	Amylase
<input type="checkbox"/>	BLOOD GASES (indicate if i-STAT)	<input type="checkbox"/>	Cortisol
<input type="checkbox"/>	Chloride	<input type="checkbox"/>	Creatine Kinase (CK/CPK)
<input type="checkbox"/>	Ionized Calcium	<input type="checkbox"/>	Gamma Glutamyltransferase (GT/GGT)
<input type="checkbox"/>	pCO2 <input type="checkbox"/> i-STAT	<input type="checkbox"/>	Human Chorionic Gonadotropin (hCG)
<input type="checkbox"/>	pH <input type="checkbox"/> i-STAT	<input type="checkbox"/>	Iron
<input type="checkbox"/>	pO2 <input type="checkbox"/> i-STAT	<input type="checkbox"/>	Lactate Dehydrogenase (LD/LDH)
<input type="checkbox"/>	Potassium	<input type="checkbox"/>	Lactic Acid
<input type="checkbox"/>	Sodium	<input type="checkbox"/>	Lipase
<input type="checkbox"/>	BLOOD LEAD, WAIVED*	<input type="checkbox"/>	Magnesium
<input type="checkbox"/>	BNP*	<input type="checkbox"/>	Thyroid Stimulating Hormone (TSH)
<input type="checkbox"/>	CARDIAC MRKRS/ISOENZYMES	<input type="checkbox"/>	Thyroxin, Free (FT4)
<input type="checkbox"/>	CK-2/CK-MB	<input type="checkbox"/>	Thyroxin, Total (TT4)
<input type="checkbox"/>	Myoglobin	<input type="checkbox"/>	Triiodothyronine (Total T3)
<input type="checkbox"/>	Troponin I	<input type="checkbox"/>	T-uptake
<input type="checkbox"/>	Troponin T	<input type="checkbox"/>	CHEMISTRY, i-STAT (indicate if waived)
<input type="checkbox"/>	CARDIAC MRKRS/ISOENZ, PLASMA	<input type="checkbox"/>	Bicarbonate (CO2) <input type="checkbox"/> Wv
<input type="checkbox"/>	BNP	<input type="checkbox"/>	Calcium, Ionized <input type="checkbox"/> Wv
<input type="checkbox"/>	CK-2/CK-MB	<input type="checkbox"/>	Chloride <input type="checkbox"/> Wv
<input type="checkbox"/>	Myoglobin	<input type="checkbox"/>	Creatinine <input type="checkbox"/> Wv
<input type="checkbox"/>	Troponin I	<input type="checkbox"/>	Glucose <input type="checkbox"/> Wv
<input type="checkbox"/>	CHEMISTRY, BASIC (indicate if waived)	<input type="checkbox"/>	Hematocrit <input type="checkbox"/> Wv
<input type="checkbox"/>	Albumin <input type="checkbox"/> Wv	<input type="checkbox"/>	Hemoglobin <input type="checkbox"/> Wv
<input type="checkbox"/>	Alkaline Phosphatase <input type="checkbox"/> Wv	<input type="checkbox"/>	Lactate
<input type="checkbox"/>	ALT (SGPT) <input type="checkbox"/> Wv	<input type="checkbox"/>	Potassium <input type="checkbox"/> Wv
<input type="checkbox"/>	AST (SGOT) <input type="checkbox"/> Wv	<input type="checkbox"/>	Sodium <input type="checkbox"/> Wv
<input type="checkbox"/>	Bicarbonate (CO2) <input type="checkbox"/> Wv	<input type="checkbox"/>	Urea Nitrogen (BUN) <input type="checkbox"/> Wv
<input type="checkbox"/>	Bilirubin, Total <input type="checkbox"/> Wv	<input type="checkbox"/>	CHEMISTRY, URINE*
<input type="checkbox"/>	Calcium <input type="checkbox"/> Wv	<input type="checkbox"/>	Amylase
<input type="checkbox"/>	Chloride <input type="checkbox"/> Wv	<input type="checkbox"/>	Calcium
<input type="checkbox"/>	Cholesterol, Total <input type="checkbox"/> Wv	<input type="checkbox"/>	Chloride
<input type="checkbox"/>	Creatinine <input type="checkbox"/> Wv	<input type="checkbox"/>	Creatinine
<input type="checkbox"/>	Glucose <input type="checkbox"/> Wv	<input type="checkbox"/>	Glucose
<input type="checkbox"/>	Phosphorous <input type="checkbox"/> Wv	<input type="checkbox"/>	Osmolality
<input type="checkbox"/>	Potassium <input type="checkbox"/> Wv	<input type="checkbox"/>	Phosphorous
<input type="checkbox"/>	Pregnancy, Serum (Qualitative hCG)	<input type="checkbox"/>	Potassium
<input type="checkbox"/>	Sodium <input type="checkbox"/> Wv	<input type="checkbox"/>	Protein, Total
<input type="checkbox"/>	Total Protein <input type="checkbox"/> Wv	<input type="checkbox"/>	Sodium
<input type="checkbox"/>	Triglycerides <input type="checkbox"/> Wv	<input type="checkbox"/>	Urea Nitrogen
<input type="checkbox"/>	Urea Nitrogen (BUN) <input type="checkbox"/> Wv	<input type="checkbox"/>	Uric Acid
<input type="checkbox"/>	Uric Acid <input type="checkbox"/> Wv	<input type="checkbox"/>	URINE MICROALBUMIN*
		<input type="checkbox"/>	DIRECT BILIRUBIN*
			* = 2 vial program

AAB-PTS REINSTATEMENT (OFF-CYCLE) ANALYTE ORDER LIST

FERTILITY ENDOCRINOLOGY*	TIBC/UIBC*
<input type="checkbox"/> DHEA-S	<input type="checkbox"/> TIBC
<input type="checkbox"/> Estradiol	<input type="checkbox"/> UIBC
<input type="checkbox"/> Follicle Stimulating Hormone (FSH)	<input type="checkbox"/> Transferrin
<input type="checkbox"/> Leuteinizing Hormone (LH)	TUMOR MARKERS*
<input type="checkbox"/> Progesterone	<input type="checkbox"/> Beta-2-microglobulin
<input type="checkbox"/> FRUCTOSAMINE*	<input type="checkbox"/> CA 15-3
<input type="checkbox"/> GLYCOHEMOGLOBIN*	<input type="checkbox"/> CA 19-9
LIPIDS (indicate if waived)	<input type="checkbox"/> CA 27.29
<input type="checkbox"/> Apolipoprotein (a)	<input type="checkbox"/> CA 125
<input type="checkbox"/> Apolipoproteins A1 and B	<input type="checkbox"/> CEA
<input type="checkbox"/> HDL Cholesterol <input type="checkbox"/> Wv	<input type="checkbox"/> Prostatic Acid Phosphatase (PAP)
<input type="checkbox"/> LDL Cholesterol	<input type="checkbox"/> Prostate-specific Antigen (PSA), Free
<input type="checkbox"/> PREGNANCY, SERUM OR URINE	URINE DRUG SCREENING*
IMMUNOCHEMISTRY*	<input type="checkbox"/> Alcohol (Ethanol)
<input type="checkbox"/> PTH	<input type="checkbox"/> Amphetamines
<input type="checkbox"/> Insulin	<input type="checkbox"/> Barbituates
<input type="checkbox"/> C-Peptide	<input type="checkbox"/> Cannabanoids
<input type="checkbox"/> Vitamin D	<input type="checkbox"/> Cocaine Metabolite
SPECIAL CHEMISTRY*	<input type="checkbox"/> Cotinine
<input type="checkbox"/> Ferritin	<input type="checkbox"/> Lysergic Acid Diethylamide (LSD)
<input type="checkbox"/> Folate	<input type="checkbox"/> MDMA (Ecstasy)
<input type="checkbox"/> Homocysteine	<input type="checkbox"/> Methadone
<input type="checkbox"/> Prolactin	<input type="checkbox"/> Methadone Metabolite (EDDP)
<input type="checkbox"/> Prostate-specific Antigen (PSA), Total	<input type="checkbox"/> Methaqualone
<input type="checkbox"/> T3, Free	<input type="checkbox"/> Methamphetamine
<input type="checkbox"/> Testosterone	<input type="checkbox"/> Opiates
<input type="checkbox"/> Vitamin B12	<input type="checkbox"/> Oxycodone
THERAPUETIC DRUG MONITORING	<input type="checkbox"/> Phencyclidine (PCP)
<input type="checkbox"/> Acetaminophen	<input type="checkbox"/> Propoxyphene
<input type="checkbox"/> Carbamazepine	<input type="checkbox"/> Tricyclic Antidepressants (TCA)
<input type="checkbox"/> Digoxin	<input type="checkbox"/> WHOLE BLOOD GLUCOSE, BASIC*
<input type="checkbox"/> Gentamicin	<input type="checkbox"/> WHOLE BLOOD GLUCOSE, COMP
<input type="checkbox"/> Lithium	CLINICAL MICROSCOPY
<input type="checkbox"/> Phenobarbital	<input type="checkbox"/> Ferning
<input type="checkbox"/> Phenytoin	<input type="checkbox"/> KOH Prep
<input type="checkbox"/> Primidone	<input type="checkbox"/> Nasal Eosinophils
<input type="checkbox"/> Procainamide	<input type="checkbox"/> Pinworm Prep
<input type="checkbox"/> Procainamide N-acetyl (NAPA)	<input type="checkbox"/> Sperm Qualitative
<input type="checkbox"/> Quinidine	<input type="checkbox"/> Stool Leukocytes
<input type="checkbox"/> Salicylates	<input type="checkbox"/> Vaginal Wet Mount
<input type="checkbox"/> Theophylline	
<input type="checkbox"/> Tobramycin	
<input type="checkbox"/> Valproic Acid	
<input type="checkbox"/> Vancomycin	
	* = 2 vial program

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URINALYSIS	
<input type="checkbox"/>	URINALYSIS Full \$100
	Bilirubin
	Blood (Hemoglobin)
	Creatinine (semi-quantitative only)
	Glucose
	Ketones
	Leukocyte Esterase
	Nitrite
	pH
	Protein
	Specific Gravity
<input type="checkbox"/>	URINE SEDIMENT
COAGULATION	
<input type="checkbox"/>	ACTIVATED CLOTTING TIME*
<input type="checkbox"/>	COAGUCHEK PT XS, BASIC*
<input type="checkbox"/>	COAGUCHEK PT XS, COMP
<input type="checkbox"/>	COAGUCHEK PT XS PLUS, BASIC*
<input type="checkbox"/>	COAGUCHEK PT XS PLUS, COMP
<input type="checkbox"/>	D-DIMER*
COAGULATION	
<input type="checkbox"/>	Activated Partial Thromboplastin Time (APTT)
<input type="checkbox"/>	Fibrinogen
<input type="checkbox"/>	INR
<input type="checkbox"/>	Prothrombin Time (PT)
<input type="checkbox"/>	WHOLE BLOOD PROTHROMBIN TIME
EMBRYOLOGY/ANDROLOGY/FFN	
<input type="checkbox"/>	ANTISPERM ANTIBODIES*
<input type="checkbox"/>	IVF EMBRYO CULTURE MEDIA*
<input type="checkbox"/>	FETAL FIBRONECTIN*
<input type="checkbox"/>	SPERM COUNT*
<input type="checkbox"/>	SPERM MORPHOLOGY*
<input type="checkbox"/>	SPERM VIABILITY*
HEMATOLOGY	
<input type="checkbox"/>	ERYTHROCYTE SEDIMENTATION RATE (ESR)*
<input type="checkbox"/>	ERYTHROCYTE SEDIMENTATION RATE (ESR)-RAPID*
HEMATOLOGY	
<input type="checkbox"/>	Full CBC \$350
<input type="checkbox"/>	Automated Differential \$100
<input type="checkbox"/>	Erythrocyte Count
<input type="checkbox"/>	Hematocrit
<input type="checkbox"/>	Hemoglobin
<input type="checkbox"/>	Leukocyte Count
<input type="checkbox"/>	Platelet Count

HEMATOLOGY (cont'd)	
<input type="checkbox"/>	CELL IDENTIFICATION
<input type="checkbox"/>	RETICULOCYTE COUNT*
IMMUNOHEMATOLOGY	
	CALL FOR AVAILABILITY
<input type="checkbox"/>	Blood Group (ABO/Rh)
<input type="checkbox"/>	D (Rh) Typing by Slide Method
<input type="checkbox"/>	Unexpected Antibody Detection
<input type="checkbox"/>	Unexpected Antibody Identification
<input type="checkbox"/>	Compatibility Testing (Crossmatch)
<input type="checkbox"/>	DIRECT ANTIGLOBULIN TEST*
IMMUNOLOGY	
<input type="checkbox"/>	ANA
<input type="checkbox"/>	ANTISTREPTOLYSIN O
<input type="checkbox"/>	C-REACTIVE PROTEIN*
<input type="checkbox"/>	hsC-REACTIVE PROTEIN*
<input type="checkbox"/>	HELICOBACTER PYLORI ANTIBODY*
HEPATITIS MARKERS	
<input type="checkbox"/>	anti-HCV
<input type="checkbox"/>	anti-HBc, IgM
<input type="checkbox"/>	anti-HBc, Total
<input type="checkbox"/>	anti-HBs
<input type="checkbox"/>	HBeAg
<input type="checkbox"/>	HBsAg
HIV MARKERS	
<input type="checkbox"/>	anti-HIV-1 or 1/2 Screening
<input type="checkbox"/>	anti-HIV-1 Confirmation
<input type="checkbox"/>	anti-HIV-2 Screening
<input type="checkbox"/>	anti-HIV-2 Confirmation
IMMUNOPROTEINS	
<input type="checkbox"/>	C3
<input type="checkbox"/>	C4
<input type="checkbox"/>	IgA
<input type="checkbox"/>	IgE
<input type="checkbox"/>	IgG
<input type="checkbox"/>	IgM
<input type="checkbox"/>	INFECTIOUS MONONUCLEOSIS
<input type="checkbox"/>	LYME DISEASE*
ORAL FLUID HIV-1 ANTIBODIES	
<input type="checkbox"/>	Screen
<input type="checkbox"/>	Western Blot
<input type="checkbox"/>	RHEUMATOID FACTOR
<input type="checkbox"/>	RUBELLA
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