



2024 AAB-MLE PROFICIENCY TESTING ORDER FORM

1. New Enrollee
 Renewal: AAB-MLE ID# _____

2. **Billing Address (for delivery of invoices and statements if different from shipping address)**
 Institution: _____
 Mail Address: _____

 City/State/Zip: _____
 Billing Phone: _____
 Email: _____

3. **Certification / Accreditation**
 Lab Director: _____
 CLIA Number: _____
 COLA ID #: _____
 CAP/LAP #: _____
 New York State ID# _____

4. **Shipping address (for delivery of testing material, physical street address required, no PO boxes)**
 Same as billing address
 Name (Contact): _____
 Institution: _____
 Address: _____

 City/State/Zip: _____
 Country (other than US): _____
 Phone: _____ Fax: _____
 Email: _____

5. **Mailing Address (for delivery of correspondence such as graded reports if different from shipping address)**
 Same as billing address
 Mailing Address: _____

 City/State/Zip: _____

6. **Payment Options**
 Purchase Order #: _____
 Check (enclosed)
 Credit Card Type: Visa Mastercard
 American Express Discover
 Card number: _____
 Exp date: _____ Security Code: _____
 Billing Zip: _____

Payment is due net 30 days. Overdue accounts are subject to holds and/or cancellations.

6. **How did you hear about us?**

7. **Laboratory Type:**

The AAB-MLE products you have ordered may contain pathogenic and biohazardous material. By returning this order form you assume all risk and responsibility in connection with the receipt, handling, storage, use and disposal of the materials.

Please note: You must cancel a module IN WRITING at least 4 weeks prior to the upcoming shipment to avoid being charged.

Institution Name: _____

CLIA #: _____

2024 Programs Order Form Prorate 1 Event M3 and/or S2 only

| Cat # | Program Module Description | X | Price | Total |
|-----------------------------------|---|---|-----------------|-------|
| Point of Care Waived Tests | | | | |
| 542 | Fecal Occult Blood | | \$48 | |
| 537 | Fecal Occult Blood - Add-On (with 530, 531 only) | | \$35 | |
| 543 | Gastric Occult Blood | | \$68 | |
| 538 | KOH Slides | | \$67 | |
| 534 | Provider Performed Microscopy (PPM) | | \$53 | |
| 535 | PPM - Add-On | | \$18 | |
| 531 | Urinalysis Dipstick | | \$42 | |
| 530 | Urinalysis Module | | \$50 | |
| 541 | Urine hCG | | \$37 | |
| 540 | Urine hCG - Add-On (with 530, 531 only) | | \$12 | |
| 539 | Urine Microalbumin/Creatinine | | \$50 | |
| 536 | Urine Microalbumin/Creatinine - Add-On (with 530, 531 only) | | \$35 | |
| 550 | Urine Pregnancy - 2 vial | | \$47 | |
| 532 | Urine Sediment Identification | | \$47 | |
| 533 | Urine Sediment Identification - Add-On (with 534 only) | | \$14 | |
| Chemistry | | | | |
| 874 | Adulterated Urine - Add-On (with 868 only) | | \$35 | |
| 851 | Afinion Glycohemoglobin | | \$81 | |
| 836 | Ammonia | | \$65 | |
| 847 | Blood Gases (2 sets) | | \$128 | |
| 838 | Blood Lead - Waived | | \$83 | |
| 846 | BNP/D-Dimer | | \$90 | |
| 845 | Cardiac Markers | | \$133 | |
| 810 | Chemistry Module | | \$138 | |
| 813 | Comprehensive Metabolic Profile | | \$109 | |
| 860 | Endocrinology 1 | | \$90 | |
| 863 | Endocrinology 2 | | \$79 | |
| 873 | Ethyl Glucuronide - Add-On (with 868 only) | | \$29 | |
| 858 | Fertility Testing | | \$60 | |
| 875 | Fluids Chemistry | | \$89 | |
| 850 | Glycohemoglobin | | \$76 | |
| 852 | Glycohemoglobin - 5-vial | | \$133 | |
| 828 | Iron Binding Capacity | | \$58 | |
| 818 | i-STAT Chemistry | | \$100 | |
| 832 | i-STAT Chemistry - Waived | | \$70 | |
| 811 | Lipid Panel/Glucose - Waived | | \$70 | |
| 829 | Lipid Profile | | \$86 | |
| 841 | Neonatal/Direct Bilirubin | | \$84 | |
| 861 | PSA | | \$56 | |
| 859 | PSA - Add-On (with 860 only) | | \$26 | |
| 835 | Serum Alcohol/Ketones | | \$92 | |
| 865 | Serum hCG | | \$72 | |
| 866 | Serum hCG - Add-On (with 810, 813, 817, 818, 824 only) | | \$36 | |
| 854 | SHBG/Testosterone | | \$123 | |
| COLUMN 1 | | | Subtotal | |

2024 Programs Order Form Prorate 1 Event M3 and/or S2 only

| Cat # | Program Module Description | X | Price | Total |
|------------------------------|---|---|-----------------|-------|
| Chemistry - continued | | | | |
| 830 | Therapeutic Drug Monitoring | | \$83 | |
| 831 | Therapeutic Drug Monitoring - Add-On (with 810 only) | | \$23 | |
| 864 | Thyroid Antibodies | | \$94 | |
| 824 | Thyroid Profile | | \$95 | |
| 844 | Total Protein | | \$86 | |
| 862 | Tumor Markers | | \$137 | |
| 872 | Urine Chemistry | | \$90 | |
| 868 | Urine Drug Screen | | \$89 | |
| 812 | Waived Chemistry Panel | | \$85 | |
| 833 | Waived Chemistry Panel - Add-On (with 824 only) | | \$28 | |
| 870 | Whole Blood Glucose | | \$103 | |
| 871 | Whole Blood Glucose - Waived | | \$66 | |
| Hematology | | | | |
| 231 | Blood Cell Identification | | \$50 | |
| 230 | Blood Cell Identification - Add-On (with 223 through 229) | | \$18 | |
| 224 | Hematology - Sysmex 3-Part Diff | | \$113 | |
| 225 | Hematology with 3-Part Diff | | \$110 | |
| 229 | Hematology with 5 or 6-Part Diff - Sysmex | | \$127 | |
| 226 | Hematology with 5-Part Diff | | \$127 | |
| 223 | Hematology with 5-Part Diff - Abbott Cell Dyn | | \$127 | |
| 228 | Hematology with 5-Part Diff - AcT 5 and Pentra | | \$127 | |
| 227 | Hematology with 5-Part Diff - DxH 500 Series | | \$127 | |
| 215 | Hemoglobin/Glucose - HemoCue | | \$68 | |
| 213 | Hemoglobin/Hematocrit - Waived | | \$64 | |
| 212 | Hemoglobin/Hematocrit/WBC | | \$85 | |
| 248 | Rapid Sedimentation Rate | | \$67 | |
| 240 | Reticulocyte Count | | \$87 | |
| 247 | Sedimentation Rate | | \$67 | |
| 249 | Sickle Cell Screen | | \$72 | |
| Coagulation | | | | |
| 332 | Activated Clotting Time | | \$98 | |
| 330 | CoaguChek XS Plus Prothrombin Time | | \$118 | |
| 331 | CoaguChek XS Plus Prothrombin Time - Waived | | \$77 | |
| 320 | Coagulation Module | | \$84 | |
| 328 | i-STAT Prothrombin Time | | \$128 | |
| 324 | Roche CoaguChek XS INR - Waived | | \$77 | |
| Immunohematology | | | | |
| 451 | ABO & Rh Typing | | \$108 | |
| 452 | Blood Bank 1 | | \$145 | |
| 453 | Blood Bank 2 | | \$155 | |
| 450 | D (Rh) Typing | | \$63 | |
| 454 | Direct Antiglobulin Test | | \$82 | |
| COLUMN 2 | | | Subtotal | |

Institution Name: _____

CLIA #: _____

2024 Programs Order Form Prorate 1 Event M3 and/or S2 only

| Cat # | Program Module Description | X | Price | Total |
|--------------------------------|---|---|-----------------|-------|
| Immunology/Serology | | | | |
| 782 | ANA Panel | | \$105 | |
| 783 | ANA Panel - Add-On (with 750, 751 only) | | \$81 | |
| 753 | Anti-Streptolysin O Add-on (with 751 only) | | \$31 | |
| 764 | C-Reactive Protein | | \$46 | |
| 776 | C-Reactive Protein - Add-On (with 750 only) | | \$24 | |
| 773 | Diagnostic Allergy | | \$133 | |
| 780 | H. pylori Antibody Detection | | \$62 | |
| 765 | High Sensitivity C-Reactive Protein | | \$50 | |
| 777 | High Sensitivity C-Reactive Protein - Add-On (with 750, 751 only) | | \$26 | |
| 791 | HIV Markers | | \$106 | |
| 790 | HIV Markers - Waived | | \$67 | |
| 750 | Immunology Module | | \$125 | |
| 784 | Immunoproteins | | \$88 | |
| 761 | Infectious Mono/Rheumatoid Factor | | \$115 | |
| 762 | Infectious Mononucleosis | | \$74 | |
| 755 | Infectious Mononucleosis - Waived | | \$47 | |
| 781 | Mycoplasma Antibody | | \$64 | |
| 793 | Oral Fluid HIV Antibodies | | \$134 | |
| 763 | Rheumatoid Factor | | \$74 | |
| 751 | Rheumatology Module | | \$92 | |
| 771 | Rubella | | \$74 | |
| 792 | SARS-CoV-2 Serology | | \$108 | |
| 770 | Specific Allergen Testing | | \$133 | |
| 772 | Syphilis Serology | | \$81 | |
| 752 | ToRCH | | \$155 | |
| 775 | Viral Markers | | \$170 | |
| Microbiology - Cultures | | | | |
| 630 | Bacteriology 1 | | \$127 | |
| 640 | Bacteriology 2 | | \$122 | |
| 678 | Dermatophyte Culture | | \$104 | |
| 646 | Genital Culture | | \$116 | |
| 651 | Miscellaneous Cultures - Add-On (with 640 - 647 only) | | \$69 | |
| 695 | MRSA Culture | | \$109 | |
| 696 | MRSA Culture - Add-On (with any 5 challenge culture or antigen) | | \$58 | |
| 694 | Supplemental Blood Culture | | \$57 | |
| 641 | Throat Culture | | \$116 | |
| 648 | Urine Colony Count | | \$88 | |
| 643 | Urine Culture | | \$116 | |
| 645 | Urine/Throat Culture | | \$117 | |
| Microbiology - Staining | | | | |
| 679 | Acid-Fast Smears | | \$118 | |
| 650 | Gram Stain | | \$84 | |
| COLUMN 3 | | | Subtotal | |

2024 Programs Order Form Prorate 1 Event M3 and/or S2 only

| Cat # | Program Module Description | X | Price | Total |
|--|---|---|----------------------|-------------|
| Microbiology - Antigen Testing | | | | |
| 682 | C. difficile/Rotavirus Antigen Detection | | \$111 | |
| 675 | Chlamydia/GC/Strep B Antigen Screen | | \$138 | |
| 673 | Chlamydia/GC/Strep B - Add-on (with 640 - 647 only) | | \$69 | |
| 683 | Cryptosporidium/Giardia lamblia Antigen Detection | | \$123 | |
| 686 | Legionella Antigen Detection | | \$94 | |
| 692 | OSOM Bacterial Vaginosis - Waived | | \$70 | |
| 665 | Rapid Urease (CLO) | | \$61 | |
| 681 | Respiratory Antigen Detection | | \$115 | |
| 680 | Respiratory Antigen Detection - Waived | | \$78 | |
| 697 | SARS-CoV-2 Antigen Detection | | \$174 | |
| 688 | SARS-CoV-2 Antigen Detection - Waived | | \$115 | |
| 698 | SARS-CoV-2 Molecular Detection | | \$177 | |
| 689 | SARS-CoV-2 Molecular Detection - Waived | | \$118 | |
| 684 | Shiga Toxin | | \$88 | |
| 660 | Strep A Antigen Detection | | \$73 | |
| 662 | Strep A Antigen Detection - Waived | | \$46 | |
| 687 | Streptococcus pneumoniae Antigen Detection | | \$96 | |
| 693 | Tricomonas vaginalis - Waived | | \$70 | |
| 668 | Vaginosis Screen | | \$147 | |
| Parasitology | | | | |
| 691 | Parasitology | | \$133 | |
| 690 | PVA Slides - Add-On | | \$69 | |
| Andrology, Embryology & Fetal Tests | | | | |
| 978 | Antisperm Antibodies | | \$149 | |
| 984 | Embryo Grading | | \$167 | |
| 983 | Fetal Fibronectin (fFN) | | \$223 | |
| 975 | Fetal Membrane Rupture | | \$202 | |
| 976 | IVF Embryology Culture Media | | \$258 | |
| 977 | Preimplantation Genetic Testing - Aneuploidy | | \$490 | |
| 979 | Sperm Count, Qualitative/Post-vasectomy | | \$144 | |
| 980 | Sperm Count, for Quantitative and Qualitative | | \$162 | |
| 981 | Sperm Morphology | | \$162 | |
| 985 | Sperm Motility | | \$168 | |
| 982 | Sperm Viability | | \$162 | |
| Specialty PPM and POC | | | | |
| 902 | Basic Waived and PPM Package | | \$107 | |
| 901 | Waived and PPM Package | | \$122 | |
| 903 | Whole Blood Glucose, EQAS (Multi-Site) | | \$85 | |
| COLUMN 4 | | | Subtotal | |
| COLUMN 3 | | | Subtotal | |
| COLUMN 2 | | | Subtotal | |
| COLUMN 1 | | | Subtotal | |
| Total Program Order | | | | |
| Annual Registration | | | | \$90 |
| Single Program Surcharge | | | <i>If applicable</i> | \$20 |
| Non Continental US Shipping Charge | | | <i>If applicable</i> | \$30 |
| Total Payment Due | | | | |