

***REQUIRED INFORMATION**

How did you hear about us?

AAFP-PT # _____

SHIP TO INFORMATION

*Practice Name _____

*Medical Director (please print as listed on CLIA certificate)

Is the Medical Director or other staff physician a member of the AAFP? Yes – AAFP Member # _____ No

*Street Address _____

*City, State, Zip _____

*Attention _____

*Phone Number _____ Fax Number _____

*Email _____

BILL TO INFORMATION (if different from Ship To)

Bill To Name _____

Address _____

City, State, Zip _____

Phone Number _____ Fax Number _____

Email _____

PAYMENT INFORMATION – PAYMENT TERMS: NET 30 DAYS

Invoice Check Enclosed (Payable to AAFP)

REGULATORY INFORMATION

CLIA ID# _____ D _____

CLIA Classification: Waived Compliance PPM Accredited

COLA # (if applicable) _____ JCAHO Affiliated

Other Accrediting Agency # _____

State Agency (or region, if applicable) # _____

CONSULTANT INFORMATION (if applicable)

Consultant Name _____

Address _____

City, State, Zip _____

Phone Number _____ Fax Number _____

Email _____



ORDER INFORMATION

Enroll in AAFP-PT by November 1, 2015 to guarantee specimen availability for the following year!

However, AAFP-PT accepts enrollments throughout the year at a prorated cost for testing modules. The annual registration fee is not prorated and is not refundable.

To ensure specimen availability and to avoid delay in processing, please complete the AAFP-PT Order Form in its entirety. Once you've selected the modules your laboratory needs:

- Provide all the information requested on the AAFP-PT Order Form.
- Place an X by the module(s) you are ordering.
- Submit order form by email to pt@aafp.org or fax to (913) 906-6079.

An order form must accompany all purchase orders. If you need assistance in Module selection, contact one of our program coordinators at (800) 274-7911, option 2.

Multiple Lab Discount

Laboratories enrolling three (3) or more locations may be eligible for the AAFP-PT PLUS discount program. Contact us at pt@aafp.org for information. Please provide the number of laboratories, modules and contact information.

Refund/Cancellation Policy

Module cancellations must be received in writing six weeks prior to the event ship date to receive credit for that event. The annual registration fee is not prorated and is non-refundable. Facilities will be issued a credit for deleted modules based on the number of shipments remaining in the program year. Credits will be applied to the following year's proficiency testing order. If no order is being placed for the next year, a refund check will be issued upon request at the end of the current program year.

Off-Schedule/Reinstatement Testing

Subject to product availability, proficiency testing specimens are available throughout the program year. AAFP-PT provides reinstatement specimens for regulated analytes as required by CLIA regulations. Under normal circumstances, specimens can be shipped the same day or next day, with a seven-to-10-day evaluation process once results are received (unless otherwise specified when the order is placed). AAFP-PT will report your reinstatement testing performance to CMS or COLA the same day you receive your evaluation. Price is per specimen. Pre-paid orders only are accepted for off schedule shipments. AAFP-PT will provide specimen handling instructions and simple to use result forms. For more information call (800) 274-7911, ext. 4146.

Accreditation Statements

AAFP-PT is approved as a Provider of continuing education programs in the clinical laboratory sciences by the ASCLS P.A.C.E.® Program. AAFP-PT is also an approved provider for California clinical laboratory licensees under the P.A.C.E.® Program. The level of instruction for this event is Basic. This event is worth four (4) P.A.C.E.® Contact Hours.

RETAIN A PHOTOCOPY OF THIS FORM FOR YOUR RECORDS.

Order before November 1, 2015 to guarantee specimen availability.

PLEASE PRINT ALL REQUESTED INFORMATION ON THE ORDER FORM AND MAIL, FAX OR EMAIL TO:

AAFP-PT, 11400 Tomahawk Creek Pkwy, Leawood, KS 66211-2680 • FAX: (913) 906-6079 • PHONE: (800) 274-7911 • EMAIL: pt@aafp.org

2016 SHIP DATES – REVISED
APRIL 18, JUNE 20, and OCTOBER 3

Products ordered may contain pathogenic materials. AAFP-PT is not liable or responsible for the handling, storage, use, and disposal of the product upon receipt by your office.

Changes and Additions to Order

All changes must be submitted in writing by fax, mail, or email to AAFP-PT three weeks prior to an event shipping state. For changes or additions to an existing order or to update your account information, go to www.aafp.org/pt to obtain an Additions/Change form.

ORDER CONFIRMATION, WELCOME PACKS, AND SETUP CONFIRMATIONS

You will receive an email confirmation when your order is processed. This confirmation will be sent to the email address provided at the time of enrollment. Please notify AAFP-PT if your email address changes, or if there are additional addresses that should receive Proficiency Testing communications.

Welcome Pack – New enrollees will receive a Welcome Pack four to six weeks after return of their Method Request Forms. The Welcome Pack includes PT Central log-in instructions and a Set-up Confirmation. The Set-up Confirmation describes your current reporting set up. Please review carefully for an accurate listing of all analytes and testing methods. Indicate any changes to your testing menu (analytes added or deleted) or any changes in instrumentation or kits and send the changes promptly to AAFP-PT.

Set-up Confirmation (Current participants) – By mid-January, current enrollees may log in to PT Central to print and review their set-up confirmation. This form should be reviewed prior to each event to ensure that the testing menu is correct and that the current instruments/methods are shown. Enrollees should also verify that contact and shipping information is correct.

HEMATOLOGY

<input type="checkbox"/> 602 Hematocrit (spun).....	\$100
<input type="checkbox"/> 603 Blood Cell Identification	\$42
<input type="checkbox"/> 604 Reticulocyte Count	\$216
<input type="checkbox"/> 606 Hemocue WBC	\$207
<input type="checkbox"/> 610 Regular Hematology	\$207
<input type="checkbox"/> 611 QBC Hematology	\$261
<input type="checkbox"/> 613 Auto Diff I	\$234
<input type="checkbox"/> 614 Auto Diff II	\$234
<input type="checkbox"/> 621 Accumetrics VerifyNow Aspirin	\$228
<input type="checkbox"/> 622 Accumetrics VerifyNow P2Y12	\$228
<input type="checkbox"/> 623 Accumetrics VerifyNow IIb/IIa	\$228
<input type="checkbox"/> 649 DAT	\$171
<input type="checkbox"/> 650 Blood Bank	\$372
<input type="checkbox"/> 680 Coagulation – Plasma	\$159
<input type="checkbox"/> 730 Sed Rate (ESR)	\$150
<input type="checkbox"/> 736 ABO/Rh Only	\$270
<input type="checkbox"/> 739 Sickle Cell Screen	\$156
<input type="checkbox"/> 744 ITC Hemachron Prottime (Citrated WB)	\$252
<input type="checkbox"/> 745 Auto Diff 5 (5-part Diff)	\$297
<input type="checkbox"/> 746 Auto Diff 6 (5-part Diff)	\$297
<input type="checkbox"/> 747 Auto Diff 7 (5-part Diff)	\$297
<input type="checkbox"/> 748 I-Stat Prottime	\$231
<input type="checkbox"/> 752 Auto Diff 8 (5-part Diff)	\$297
<input type="checkbox"/> 763 CoaguChek XS Plus (2)	\$141
<input type="checkbox"/> 764 CoaguChek XS Plus	\$225

IMMUNOLOGY / VIROLOGY

<input type="checkbox"/> 643 ANA (latex)	\$150
<input type="checkbox"/> 644 H. pylori	\$135
<input type="checkbox"/> 653 Rheumatoid Factor	\$144
<input type="checkbox"/> 654 Lyme Serology	\$204
<input type="checkbox"/> 655 Immunoproteins	\$198
<input type="checkbox"/> 671 Total IgE	\$129
<input type="checkbox"/> 673 Rubella	\$144
<input type="checkbox"/> 674 Diagnostic Allergy	\$306
<input type="checkbox"/> 675 Infectious Mono	\$144
<input type="checkbox"/> 678 Serum hCG	\$144
<input type="checkbox"/> 679 Syphilis Serology	\$162
<input type="checkbox"/> 683 ASO/CRP	\$195
<input type="checkbox"/> 684 CRP (2) (qual. and quad.)	\$135
<input type="checkbox"/> 750 Viral Markers	\$399
<input type="checkbox"/> 751 Infectious Mono/EBV	\$189
<input type="checkbox"/> 753 Infectious Mono (Waived)	\$75
<input type="checkbox"/> 754 Infectious Mono/RF Combo	\$228
<input type="checkbox"/> 755 HIV Antigen	\$351
<input type="checkbox"/> 756 Viral Antibodies	\$180
<input type="checkbox"/> 757 Special Immunology	\$141
<input type="checkbox"/> 758 Mycoplasma Antibody	\$165
<input type="checkbox"/> 759 Complete Immunology	\$405
<input type="checkbox"/> 760 ANA (Elisa)	\$147
<input type="checkbox"/> 761 hsCRP	\$141
<input type="checkbox"/> 762 HIV Antibody (Waived Methods)	\$153
<input type="checkbox"/> 765 Allergen Testing	\$135
<input type="checkbox"/> 766 HIV Antibody	\$348
<input type="checkbox"/> 767 Hepatitis Markers	\$387
<input type="checkbox"/> 932 Hepatitis C Antibody (Waived Method)	\$249
<input type="checkbox"/> 931 Anti-CCP	\$297

MICROBIOLOGY

<input type="checkbox"/> 661 Urine Colony Count	\$171
<input type="checkbox"/> 665 Strep Antigen (2 Challenges)	\$90
<input type="checkbox"/> 668 Gram Stain	\$144
<input type="checkbox"/> 691 Strep Antigen (5 Challenges)	\$174
<input type="checkbox"/> 699 Strep Antigen (1 Challenge)	\$84
<input type="checkbox"/> 768 MRSA/VRE/ADD-on (2)	\$198
<input type="checkbox"/> 769 Campylobacter Antigen	\$108
<input type="checkbox"/> 770 Viral Antigen Detection	\$291
<input type="checkbox"/> 771 Affirm VP Package	\$351
<input type="checkbox"/> 772 Dermatophyte Culture/Screen	\$231
<input type="checkbox"/> 773 Candida Detection Package	\$279
<input type="checkbox"/> 774 GenProbe GC/Chlamydia	\$354
<input type="checkbox"/> 775 Urine Culture	\$255
<input type="checkbox"/> 776 Throat Culture	\$255
<input type="checkbox"/> 777 GC Culture	\$255
<input type="checkbox"/> 778 Urine and Throat Cultures	\$255
<input type="checkbox"/> 779 Urine and Genital Cultures	\$255
<input type="checkbox"/> 780 Throat and Genital Cultures	\$255
<input type="checkbox"/> 781 Urine, Throat and Genital Cultures	\$255
<input type="checkbox"/> 782 Complete Bacteriology	\$273
<input type="checkbox"/> 783 Group A Strep/Add-On (2)	\$36
<input type="checkbox"/> 784 Pres ID/Colony Count – Urine	\$273
<input type="checkbox"/> 785 Pres ID/Colony Ct – Urine/ Strep Combo	\$273
<input type="checkbox"/> 786 Parasitology	\$270
<input type="checkbox"/> 787 Giardia Antigen Detection	\$123
<input type="checkbox"/> 788 Acid Fast Smear	\$168
<input type="checkbox"/> 789 Bacterial Antigen Detection	\$285
<input type="checkbox"/> 790 Urine Susceptibility Add-On	\$27
<i>(*790 can only be ordered in conjunction with Modules 661, 784-785)</i>	
<input type="checkbox"/> 792 Viral Antigen Detection (Waived)	\$132
<input type="checkbox"/> 793 Shiga Toxin 1 & 2	\$189
<input type="checkbox"/> 794 GC & Chlamydia Ag Det. (5)	\$309
<input type="checkbox"/> 795 GC & Chlamydia Ag Det. (2)	\$108
<input type="checkbox"/> 796 GC Culture/Add-on (2)	\$108
<i>(*796 can only be ordered in conjunction with other culture Modules)</i>	
<input type="checkbox"/> 797 Viral Antigen Detection II	\$291
<input type="checkbox"/> 798 Viral Antigen Detection (ROT)	\$291
<input type="checkbox"/> 971 Giardia/Cryptosporidium Antigen (5)	\$252
<input type="checkbox"/> 972 Giardia/Cryptosporidium Antigen (2)	\$147

URINALYSIS / WAIVED / PPM

<input type="checkbox"/> 600 Cholestech LDX/CardioChek Package	\$153
<input type="checkbox"/> 601 Waived/PPM Tests Custom 1	\$195
<input type="checkbox"/> 602 Hematocrit (2)	\$100
<input type="checkbox"/> 608 Hemocue Glucose/Hgb	\$129
<input type="checkbox"/> 609 Waived/PPM Tests	\$297
<input type="checkbox"/> 637 KOH – Glass Slides (Skin, Hair, or Nail)	\$168
<input type="checkbox"/> 638 Urine Sediment Microscopy	\$42
<input type="checkbox"/> 639 Complete Urinalysis Pkg	\$126
<input type="checkbox"/> 640 Urinalysis	\$81
<input type="checkbox"/> 641 Clinical Microscopy	\$150
<input type="checkbox"/> 642 Urinalysis/hCG	\$84
<input type="checkbox"/> 647 UA/hCG/Fecal Occult Blood	\$99
<input type="checkbox"/> 791 Fecal Occult Blood Add-on	\$30
<i>(*791 can only be ordered in conjunction with Modules 639, 640 and 642)</i>	

CHEMISTRY

<input type="checkbox"/> 612 MultiChem 5	\$243
<input type="checkbox"/> 616 MultiChem 10	\$270
<input type="checkbox"/> 617 MultiChem 15	\$297
<input type="checkbox"/> 618 MultiChem 20	\$324
<input type="checkbox"/> 619 MultiChem 21+	\$381
<input type="checkbox"/> 645 Fetal Membrane Rupture	\$285
<input type="checkbox"/> 651 Fructosamine	\$144
<input type="checkbox"/> 652 CSF and Bloody Fluid Analysis	\$283
<input type="checkbox"/> 662 Neonatal Bilirubin	\$186
<input type="checkbox"/> 663 Neonatal Bilirubin (2)	\$126
<input type="checkbox"/> 664 Whole Blood Glucose (2)	\$129
<input type="checkbox"/> 666 Glycohemoglobin, Affinior	\$183
<input type="checkbox"/> 667 PSA Add on	\$35
<input type="checkbox"/> 669 Whole Blood Glucose	\$246
<input type="checkbox"/> 672 Glycohemoglobin	\$183
<input type="checkbox"/> 676 Endocrinology	\$195
<input type="checkbox"/> 677 Thyroid Antibodies	\$276
<input type="checkbox"/> 685 Special Chemistry II	\$153
<input type="checkbox"/> 686 Special Chemistry	\$222
<input type="checkbox"/> 687 Ammonia (2)	\$168
<input type="checkbox"/> 688 SHBG and Testosterone	\$396
<input type="checkbox"/> 700 i-Stat® Chemistry	\$261
<input type="checkbox"/> 701 Troponin T	\$213
<input type="checkbox"/> 702 Blood Gases	\$384
<input type="checkbox"/> 703 Urine Drug Screen	\$222
<input type="checkbox"/> 705 Urine Microalbumin & Creatinine	\$141
<input type="checkbox"/> 708 Tumor Markers	\$396
<input type="checkbox"/> 709 Blood Lead	\$462
<input type="checkbox"/> 711 BNP	\$246
<input type="checkbox"/> 712 Apolipoproteins	\$147
<input type="checkbox"/> 713 Urine Drug Screen (50 ml)	\$285
<input type="checkbox"/> 714 Complete Cardiac Markers	\$243
<input type="checkbox"/> 715 Basic Cardiac Markers	\$207
<input type="checkbox"/> 716 Blood Lead (Waived)	\$198
<input type="checkbox"/> 717 Abaxis Piccolo® (Waived)	\$183
<input type="checkbox"/> 718 Abaxis Piccolo® (Non-Waived)	\$261
<input type="checkbox"/> 719 Quantitative HCG (Serum)	\$135
<input type="checkbox"/> 720 Cardiac Markers I (2)	\$180
<input type="checkbox"/> 721 i-Stat® Chemistry & Blood Gas Combo	\$270
<input type="checkbox"/> 722 i-Stat® Chemistry (Waived)	\$174
<input type="checkbox"/> 723 i-Stat® Blood Gases	\$234
<input type="checkbox"/> 724 Urine hCG (non-waived)	\$144
<input type="checkbox"/> 726 NTproBNP	\$252
<input type="checkbox"/> 727 Blood Alcohol	\$287
<input type="checkbox"/> 728 Urine Chemistry	\$264
<input type="checkbox"/> 740 D-Dimer	\$144
<input type="checkbox"/> 915 Body Fluid pH	\$204
<input type="checkbox"/> 919 Body Fluid Cell Count	\$177
<input type="checkbox"/> 950 Post Vasectomy Sperm Analysis	\$246

SUPPLIES / SUBSCRIPTIONS

<input type="checkbox"/> 730 POL Microscopy Atlas	\$99.95**
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** Plus Shipping and Handling

+Payment due at time of order on Atlas Orders.

MODULE TOTAL

ANNUAL REGISTRATION FEE (CHOOSE ONE)

<input type="checkbox"/> Experience the AAFP (see page 2)	\$	N/C
<input type="checkbox"/> COLA MEMBER	\$	N/C
<input type="checkbox"/> REGISTRATION FEE	\$	75.00

(Note registration fees are nonrefundable)

TOTAL DUE

PRACTICE NAME _____

ZIP CODE _____

For each enrolled module, please identify the instrument/kit/method used in your laboratory and list ALL analytes tested by each method. **NOTE: the enrollment process cannot be completed without this information and may result in a delay of shipment.**

Complete this section if enrolling in Module 609 Waived/PPM.

TEST/ANALYTE	COMPLETE NAME OF INSTRUMENT/METHOD/KIT BRAND
<input type="checkbox"/> Urine Dipstick	_____
<input type="checkbox"/> pH	
<input type="checkbox"/> Sp gravity	
<input type="checkbox"/> Glucose	
<input type="checkbox"/> Protein	
<input type="checkbox"/> Ketones	
<input type="checkbox"/> Bilirubin	
<input type="checkbox"/> Urobilinogen	
<input type="checkbox"/> Blood/Hbg	
<input type="checkbox"/> Leuk Esterase	
<input type="checkbox"/> Nitrite	
<input type="checkbox"/> Microalbumin	_____
<input type="checkbox"/> Urine hcG	_____ <input type="checkbox"/> Dipstick <input type="checkbox"/> Cassette
<input type="checkbox"/> Strep A Antigen	_____ <input type="checkbox"/> Dipstick <input type="checkbox"/> Cassette
<input type="checkbox"/> Fecal Occult Blood	_____ <input type="checkbox"/> Guiac <input type="checkbox"/> Immunochemical (FIT)
<input type="checkbox"/> Hemoglobin	_____
<input type="checkbox"/> Hematocrit	_____
<input type="checkbox"/> Whole Blood Glucose (not HemoCue)	_____
<input type="checkbox"/> Infectious Mononucleosis	_____
<input type="checkbox"/> Clinical Microscopy	
<input type="checkbox"/> Urine Sediment	
<input type="checkbox"/> Vaginal Wet Prep	
<input type="checkbox"/> Skin Scraping/KOH	
<input type="checkbox"/> Nasal Smear	
<input type="checkbox"/> Fecal Leukocytes	
<input type="checkbox"/> Pinworm Prep	
<input type="checkbox"/> Fern Test	

CONTINUE TO PAGE 4 FOR ADDITIONAL MODULES

