

2012 AAFP Proficiency Testing Order Form

ORDER INFORMATION

Enroll in AAFP-PT by Dec. 1, 2011, to guarantee specimen availability for 2012!

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:

- Print clearly all the requested information on the AAFP-PT Order Form
- Place an X by the module(s) you are ordering
- Fax the Order Form to (913) 906-6079
- Or, mail it to AAFP-PT, 11400 Tomahawk Creek Parkway, Leawood, Kansas, 66211-2672
- Or, order online at www.aafp.org/pt with a credit card payment

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.

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 — The Welcome Pack is sent to all new program enrollees. It lists all the modules in which your laboratory has enrolled. Under each module, please mark a check next to every analyte your laboratory intends to test for proficiency and also check the instrument/kit/test method from the provided list that you will be using to perform the proficiency testing. It is critical that this information be complete and accurate in order to ensure that you receive the appropriate reporting materials and are graded with the correct peer groups. Please return promptly to AAFP-PT. After your information has been processed by AAFP-PT, you will be able to generate a Set-up Confirmation (see below) to review.

Set-up Confirmation — By mid January, participants may log in to PT Central to print and review their Setup Confirmation. This form 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 fax the changes promptly to AAFP-PT. For participants reporting online, changes may be made at any time. For participants reporting by paper, changes must be received six weeks prior to the shipping date to be included on the paper forms. Changes received after that date will be made after the results due date.

HEMATOLOGY

<input type="checkbox"/>	602 Hematocrit (spun).....	\$100
<input type="checkbox"/>	603 Blood Cell Identification.....	\$42
<input type="checkbox"/>	604 Reticulocyte Count.....	\$198
<input type="checkbox"/>	606 Hemocue WBC.....	\$207
<input type="checkbox"/>	610 Regular Hematology.....	\$207
<input type="checkbox"/>	611 QBC Hematology.....	\$258
<input type="checkbox"/>	613 Auto Diff I.....	\$225
<input type="checkbox"/>	614 Auto Diff II.....	\$225
<input type="checkbox"/>	621 Accumetrics VerifyNow Aspirin.....	\$222
<input type="checkbox"/>	622 Accumetrics VerifyNow P2Y12.....	\$222
<input type="checkbox"/>	623 Accumetrics VerifyNow IIb/IIa.....	\$222
<input type="checkbox"/>	650 Blood Bank.....	\$369
<input type="checkbox"/>	680 Coagulation - Plasma.....	\$138
<input type="checkbox"/>	730 Sed Rate (ESR).....	\$129
<input type="checkbox"/>	734 ITC Microcoag System.....	\$123
<input type="checkbox"/>	736 ABO/Rh Only.....	\$240
<input type="checkbox"/>	739 Sickle Cell Screen.....	\$135
<input type="checkbox"/>	744 ITC Hemachron Prottime (Citratd WB).....	\$240
<input type="checkbox"/>	745 Auto Diff 5 (5-part Diff).....	\$291
<input type="checkbox"/>	746 Auto Diff 6 (5-part Diff).....	\$291
<input type="checkbox"/>	747 Auto Diff 7 (5-part Diff).....	\$291
<input type="checkbox"/>	748 I-Stat Prottime.....	\$222
<input type="checkbox"/>	752 Auto Diff 8 (5-part Diff).....	\$291
<input type="checkbox"/>	763 CoaguChek XS Plus (2).....	\$132
<input type="checkbox"/>	764 CoaguChek XS Plus.....	\$216

IMMUNOLOGY / VIROLOGY

<input type="checkbox"/>	643 ANA (latex).....	\$138
<input type="checkbox"/>	644 H. pylori.....	\$132
<input type="checkbox"/>	653 Rheumatoid Factor.....	\$135
<input type="checkbox"/>	654 Lyme Serology.....	\$180
<input type="checkbox"/>	655 Immunoproteins.....	\$192
<input type="checkbox"/>	671 Total IgE.....	\$129
<input type="checkbox"/>	673 Rubella.....	\$138
<input type="checkbox"/>	674 Diagnostic Allergy.....	\$294
<input type="checkbox"/>	675 Infectious Mono.....	\$138
<input type="checkbox"/>	678 Serum hCG.....	\$138
<input type="checkbox"/>	679 Syphilis Serology.....	\$153
<input type="checkbox"/>	683 ASO/CRP.....	\$195
<input type="checkbox"/>	684 CRP (2) (qual. and quad.).....	\$132
<input type="checkbox"/>	750 Viral Markers.....	\$360
<input type="checkbox"/>	751 Infectious Mono/EBV.....	\$189
<input type="checkbox"/>	753 Infectious Mono (Waived).....	\$72
<input type="checkbox"/>	754 Infectious Mono/RF Combo.....	\$222
<input type="checkbox"/>	755 HIV Antigen.....	\$351
<input type="checkbox"/>	756 Viral Antibodies.....	\$150
<input type="checkbox"/>	757 Special Immunology.....	\$138
<input type="checkbox"/>	758 Mycoplasma Antibody.....	\$123
<input type="checkbox"/>	759 Complete Immunology.....	\$390
<input type="checkbox"/>	760 ANA (Elisa).....	\$138
<input type="checkbox"/>	761 hs CRP.....	\$111
<input type="checkbox"/>	762 HIV Antibody (Waived Methods).....	\$153
<input type="checkbox"/>	765 Allergen Testing.....	\$135
<input type="checkbox"/>	766 HIV Antibody.....	\$345
<input type="checkbox"/>	767 Hepatitis Markers.....	\$360

MICROBIOLOGY

<input type="checkbox"/>	661 Urine Colony Count.....	\$171
<input type="checkbox"/>	665 Strep Antigen (2 Challenges).....	\$84
<input type="checkbox"/>	668 Gram Stain.....	\$141
<input type="checkbox"/>	691 Strep Antigen (5 Challenges).....	\$156
<input type="checkbox"/>	699 Strep Antigen (1 Challenge).....	\$78
<input type="checkbox"/>	768 MRSA/VRE.....	\$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.....	\$219
<input type="checkbox"/>	773 Candida Detection Package.....	\$273
<input type="checkbox"/>	774 GenProbe GC/Chlamydia.....	\$348
<input type="checkbox"/>	775 Urine Culture.....	\$249
<input type="checkbox"/>	776 Throat Culture.....	\$249
<input type="checkbox"/>	777 GC Culture.....	\$249
<input type="checkbox"/>	778 Urine and Throat Cultures.....	\$249
<input type="checkbox"/>	779 Urine and Genital Cultures.....	\$249
<input type="checkbox"/>	780 Throat and Genital Cultures.....	\$249
<input type="checkbox"/>	781 Urine, Throat and Genital Cultures.....	\$249
<input type="checkbox"/>	782 Complete Bacteriology.....	\$270
<input type="checkbox"/>	783 Group A Strep/Add-On (2).....	\$33
<input type="checkbox"/>	784 Pres ID/Colony Count - Urine.....	\$270
<input type="checkbox"/>	785 Pres ID/Colony Ct - Urine/ Strep Combo.....	\$270
<input type="checkbox"/>	786 Parasitology.....	\$270
<input type="checkbox"/>	787 Giardia Antigen Detection.....	\$120
<input type="checkbox"/>	788 Acid Fast Smear.....	\$129
<input type="checkbox"/>	789 Bacterial Antigen Detection.....	\$285

<input type="checkbox"/>	790 Urine Susceptibility Add-On.....	\$27
		(*790 can only be ordered in conjunction with Modules 661, 784-785)
<input type="checkbox"/>	792 Viral Antigen Detection (Waived).....	\$123
<input type="checkbox"/>	793 Shiga Toxin 1 & 2.....	\$189
<input type="checkbox"/>	794 GC & Chlamydia Ag Det. (5).....	\$306
<input type="checkbox"/>	795 GC & Chlamydia Ag Det. (2).....	\$111
<input type="checkbox"/>	796 GC Culture/Add-on (2).....	\$111
		(*796 can only be ordered in conjunction with other culture Modules)
<input type="checkbox"/>	797 Viral Antigen Detection II.....	\$291
<input type="checkbox"/>	798 Viral Antigen Detection (ROT).....	\$291

URINALYSIS / WAIVED / PPM

<input type="checkbox"/>	600 Cholestech LDLX/CardioChek Package.....	\$150
<input type="checkbox"/>	608 Hemocue Glucose/Hgb.....	\$123
<input type="checkbox"/>	609 Waived/PPM Tests.....	\$279
<input type="checkbox"/>	639 Complete Urinalysis Pkg.....	\$126
<input type="checkbox"/>	640 Urinalysis.....	\$81
<input type="checkbox"/>	641 Clinical Microscopy.....	\$147
<input type="checkbox"/>	642 Urinalysis/hCG.....	\$84
<input type="checkbox"/>	791 Fecal Occult Blood Add-on.....	\$27
		(*791 can only be ordered in conjunction with Modules 639, 640 and 642)

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+.....	\$351
<input type="checkbox"/>	651 Fructosamine.....	\$141
<input type="checkbox"/>	662 Neonatal Bilirubin.....	\$183
<input type="checkbox"/>	663 Neonatal Bilirubin (2).....	\$111
<input type="checkbox"/>	664 Whole Blood Glucose (2).....	\$126
<input type="checkbox"/>	666 Glycohemoglobin, Affinin.....	\$156
<input type="checkbox"/>	669 Whole Blood Glucose.....	\$240
<input type="checkbox"/>	672 Glycohemoglobin.....	\$156
<input type="checkbox"/>	677 Thyroid Antibodies.....	\$273
<input type="checkbox"/>	685 Special Chemistry II.....	\$153
<input type="checkbox"/>	686 Special Chemistry.....	\$192
<input type="checkbox"/>	700 i-Stat® Chemistry.....	\$240
<input type="checkbox"/>	701 Troponin T.....	\$210
<input type="checkbox"/>	702 Blood Gases.....	\$318
<input type="checkbox"/>	703 Urine Drug Screen.....	\$186
<input type="checkbox"/>	705 Urine Microalbumin & Creatinine.....	\$123
<input type="checkbox"/>	708 Tumor Markers.....	\$378
<input type="checkbox"/>	709 Blood Lead.....	\$459
<input type="checkbox"/>	711 BNP.....	\$246
<input type="checkbox"/>	712 Apolipoproteins.....	\$132
<input type="checkbox"/>	714 Complete Cardiac Markers.....	\$300
<input type="checkbox"/>	715 Basic Cardiac Markers.....	\$207
<input type="checkbox"/>	716 Blood Lead (Waived).....	\$159
<input type="checkbox"/>	717 Abaxis Piccolo® (Waived).....	\$180
<input type="checkbox"/>	718 Abaxis Piccolo® (Non-Waived).....	\$258
<input type="checkbox"/>	719 Quantitative HCG (Serum).....	\$135
<input type="checkbox"/>	720 Cardiac Markers I (2).....	\$153
<input type="checkbox"/>	721 i-Stat® Chemistry & Blood Gas Combo.....	\$240
<input type="checkbox"/>	722 i-Stat® Chemistry (Waived).....	\$177
<input type="checkbox"/>	723 i-Stat® Blood Gases.....	\$228
<input type="checkbox"/>	726 NTProBNP.....	\$249
<input type="checkbox"/>	727 Blood Alcohol.....	\$258
<input type="checkbox"/>	728 Urine Chemistry.....	\$258
<input type="checkbox"/>	740 D-Dimer.....	\$135

SUPPLIES / SUBSCRIPTIONS

<input type="checkbox"/>	503 COLA's Lab Facts.....	\$75
<input type="checkbox"/>	504 COLA's Laboratory Director.....	\$450
<input type="checkbox"/>	516 AAFP-PT Storage Binder.....	\$15
<input type="checkbox"/>	725 POL Microscopy Atlas.....	
		<input type="checkbox"/> AAFP Member.....\$89.95**
		<input type="checkbox"/> Nonmember.....\$105**

** Plus Shipping and Handling

MODULE TOTAL \$ _____

ANNUAL REGISTRATION FEE

<input type="checkbox"/>	Experience the AAFP (see page 2).....	\$	N/C
<input type="checkbox"/>	COLA MEMBER.....	\$	N/C
<input type="checkbox"/>	Online Reporting.....	\$	75.00
<input type="checkbox"/>	FAX Reporting.....	\$	125.00
(Note fees are nonrefundable)			
TOTAL DUE		\$	_____

Please enroll me in the Proficiency Testing Automatic Renewal Program

Retain a photocopy of this form for your records.

continued on the back side

2012 SHIP DATES: MARCH 5, JUNE 4, OCTOBER 1
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.

Order before December 1, 2011 to guarantee specimen availability.

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

**AAFP-PT, 11400 Tomahawk Creek Pkwy, Leawood, KS 66211-2680
FAX: (913) 906-6079 • PHONE: (800) 274-7911**

ORDER INFORMATION

AAFP-PT Plus NEW COLA Member

How did you hear about us?

AAFP-PT # _____

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

Number of Physicians in Practice _____ Number of Family Physicians in Practice _____

Street Address _____

City, State, Zip _____

Attention _____

Phone Number _____

Fax Number _____

E-mail _____

Consultant Name/ Distributor Company Name (if applicable) _____

Address _____

City, State, Zip _____

Phone Number _____

Fax Number _____

E-mail _____

Sales Rep Name _____

Distributor P.O.# _____

**Please contact AAFP-PT at:
(800) 274-7911
to provide payment information**

REGULATORY INFORMATION

CLIA ID# ____ D _____

CLIA Classification: Waived Compliance PPM Accredited

COLA # _____ JCAHO Affiliated

Other Accrediting Agency # _____

State Agency (or region, if applicable) # _____

Changes and Additions to Order

All changes must be submitted in writing by fax, mail or e-mail to AAFP-PT three weeks prior to an event shipping date. Any module may be added to an existing order depending on the shipping schedule, result due date and material availability. A \$25.00 shipping charge will be applied if a separate shipment is required. The module cost will be prorated according to the number of shipments remaining in the program year and the financially responsible party will be invoiced.

Refund/Cancellation Policy

Module cancellations must be received in writing 6 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 7-10 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 Physician's Proficiency Testing Program has been reviewed and is acceptable for up to 12 Prescribed credits by the American Academy of Family Physicians. AAFP accreditation begins 3/3/10. Term of approval covers three events offered within one year from this date with option for yearly renewal.

The American Academy of Family Physicians is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The American Academy of Family Physicians designates this educational activity for a maximum of 12 AMA PRA Category 1 Credit(s)[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity. Credit may be claimed for one year from the date of this event.

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 4 P.A.C.E.[®] Contact Hours.