



Off-Schedule Testing Order Form Instructions

The Process

Subject to product availability, proficiency testing specimens are available throughout the program year. Laboratories enrolled in AAFP-PT, as well as other PT program participants, can contact AAFP-PT for help with off-schedule/reinstatement compliance related questions. 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 business evaluation process, once results are received (unless otherwise specified when the order is placed).

PLEASE NOTE: Credit card payment is required before samples ship. Once your order is in the system, we will contact the individual listed on the Off-Schedule Testing form for credit card information. Please provide his or her full name, phone number (with extension), and email address.

AAFP-PT will provide sample and handling instructions and result forms by email.

AAFP-PT will report your reinstatement testing performance to CMS or COLA the same day you receive your evaluation

Pricing

| | |
|---|-------|
| Reg 075 - Registration Fee (for laboratories not currently enrolled in AAFP-PT) | \$87 |
| Ren 539 - Minimum Reinstatement Specimen Fee | \$90 |
| Ren 543 - Reinstatement Specimen (3 samples) | \$120 |
| Ren 544 - Reinstatement Specimen (4 samples) | \$160 |
| Ren 545 - Reinstatement Specimen (5 samples) | \$200 |
| Ren 565 - Reinstatement Specimen (10 samples) | \$400 |
| Ren 575 - Reinstatement Specimen (20 samples) | \$800 |

Note: 5 samples = 1 proficiency testing event for regulated analytes

Please email the completed order form to pt@aafp.org



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aafp.org/pt
DPA18010046



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AAFP ID#: _____ CLIA#: _____

COLA# (if applicable): _____

Practice Name: _____

Medical Director: _____

Shipping Attention: _____

Address: _____

City, State, ZIP: _____

Phone: _____

Email Address: _____

Payment Contact Person Name: _____ Phone: _____

Manufacturer and Instrument Name: _____

| Analytes to be Tested (list all) | # of Samples | Analytes to be Tested (list all) | # of Samples |
|----------------------------------|--------------|----------------------------------|--------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Total number of samples ordered: _____ Current PT provider: _____

