



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

Registration Fee (for laboratories not currently enrolled in AAFP-PT)	\$87
Minimum Reinstatement Specimen Fee (1-2 samples)	\$90
Reinstatement Specimen-microscopic photosheet	\$90
Reinstatement Specimen-3 samples	\$120
Reinstatement Specimen-4 samples	\$160
Reinstatement Specimen-5 samples	\$200
Reinstatement Specimen-10 samples	\$400
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



11400 Tomahawk Creek Parkway
Leawood, KS 6621-2672
(800) 274-7911
aafp.org/pt
DPA17020350



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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: _____

