



# 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)	\$105
Reinstatement Specimen-microscopic photosheet	\$105
Reinstatement Specimen-3 samples	\$150
Reinstatement Specimen-4 samples	\$200
Reinstatement Specimen-5 samples	\$250
Reinstatement Specimen-10 samples	\$500
Reinstatement Specimen-20 samples	\$900

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

Please email the completed order form to [pt@aafp.org](mailto:pt@aafp.org)



11400 Tomahawk Creek Parkway  
Leawood, KS 6621-2672  
(800) 274-7911  
[aafp.org/pt](http://aafp.org/pt)  
DPA21010029



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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: \_\_\_\_\_



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