

***REQUIRED INFORMATION**

How did you hear about us?

Have other labs with AAFP-PT Mailing Website Exhibit

Other _____

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, 2017 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, submit the order form by email to pt@aafp.org.

- Provide all the information requested on the AAFP-PT Order Form.
- Place an X by the module(s) you are ordering.

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

Multiple Lab Discount

Receive a 10% discount on orders with three or more laboratory locations. Contact us at pt@aafp.org for information. Please provide the number of laboratories, modules, and contact information.

Cancellations/Refunds/Additions

Cancellations must be submitted by email or through PT Central six weeks prior to an event ship date. Credits will be applied to the following year's PT order, if requested. 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. The annual registration fee is not prorated and is non-refundable.

Additions must be requested by completing the Additional Information/Change Form found at www.aafp.org/pt. Any module may be added to an existing order depending on material availability. A \$35 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.

Off-Schedule/Reinstatement Testing

Subject to product availability, PT specimens may be purchased throughout the program year. Typically specimens are received within one week. The evaluation will be completed within 10 business days after results are received. AAFP-PT reports reinstatement testing performance to state agencies or COLA for regulated analytes. Go to www.aafp.org/pt for reinstatement prices, process, and the Reinstatement Order Form.

Accreditation Statements

AAFP-PT is an approved 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, 2017 to guarantee specimen availability.

PLEASE INCLUDE 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

2018 SHIP DATES

MARCH 5, JUNE 4, and 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 CONFIRMATION, WELCOME PACKS, AND ENROLLMENT 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 receipt of a completed order form. 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.

Changes and Additions to Order

All changes must be submitted in writing by fax 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.

CHEMISTRY

<input type="checkbox"/> 612 MultiChem 5	\$243
<input type="checkbox"/> 616 MultiChem 10	\$255
<input type="checkbox"/> 617 MultiChem 15	\$294
<input type="checkbox"/> 618 MultiChem 20	\$354
<input type="checkbox"/> 619 MultiChem 21+	\$402
<input type="checkbox"/> 630 Gastric Occult Blood and pH	\$147
<input type="checkbox"/> 645 Fetal Membranes Rupture (PAMG)	\$294
<input type="checkbox"/> 659 Blood Oximetry	\$312
<input type="checkbox"/> 662 Neonatal Bilirubin	\$192
<input type="checkbox"/> 663 Neonatal Bilirubin (2 specimens)	\$132
<input type="checkbox"/> 664 Whole Blood Glucose (2 specimens)	\$141
<input type="checkbox"/> 666 Glycohemoglobin, Afinion (Waived)	\$183
<input type="checkbox"/> 667 PSA Addon	\$36
<input type="checkbox"/> 669 Glucose, Whole Blood (5 specimens)	\$243
<input type="checkbox"/> 672 Glycohemoglobin	\$183
<input type="checkbox"/> 676 Endocrinology (5 specimens)	\$231
<input type="checkbox"/> 677 Thyroid Antibodies	\$276
<input type="checkbox"/> 686 Special Chemistry	\$276
<input type="checkbox"/> 688 SHBG and Testosterone	\$402
<input type="checkbox"/> 700 iSTAT Chemistry (5 specimens)	\$294
<input type="checkbox"/> 702 Blood Gases	\$402
<input type="checkbox"/> 703 Urine Drug Screen 10mL	\$231
<input type="checkbox"/> 705 Urine Microalbumin & Creatinine	\$162
<input type="checkbox"/> 708 Tumor Markers	\$402
<input type="checkbox"/> 709 Blood Lead	\$402
<input type="checkbox"/> 711 BNP	\$276
<input type="checkbox"/> 712 Apolipoproteins and Lp(a)	\$162
<input type="checkbox"/> 713 Urine Drug Screen 50mL	\$294
<input type="checkbox"/> 714 Complete Cardiac Markers	\$294
<input type="checkbox"/> 715 Basic Cardiac Markers	\$231
<input type="checkbox"/> 716 Blood Lead (Waived)	\$198
<input type="checkbox"/> 717 Abaxis Piccolo (Waived)	\$183
<input type="checkbox"/> 719 Quantitative hCG (Serum)	\$141
<input type="checkbox"/> 720 Cardiac Markers I	\$192
<input type="checkbox"/> 721 iSTAT Chemistry/Blood Gas Combo	\$312
<input type="checkbox"/> 722 iSTAT Chemistry (1 specimen)	\$174
<input type="checkbox"/> 723 iSTAT Blood Gases	\$234
<input type="checkbox"/> 726 NTproBNP (2 specimens)	\$276
<input type="checkbox"/> 728 Urine Chemistry	\$276
<input type="checkbox"/> 740 DDimer	\$147
<input type="checkbox"/> 924 Rapid Urease	\$132
<input type="checkbox"/> 940 Urine Adulteration	\$183

HEMATOLOGY

<input type="checkbox"/> 602 Hemoglobin/Hematocrit	\$147
<input type="checkbox"/> 603 Blood Cell Identification	\$42
<input type="checkbox"/> 606 Hemocue WBC	\$231
<input type="checkbox"/> 610 CBC without AutoDiff	\$249
<input type="checkbox"/> 611 QBC Hematology	\$276
<input type="checkbox"/> 613 AutoDiff I (Sysmex 3part)	\$243
<input type="checkbox"/> 614 Auto Diff II (3part)	\$243
<input type="checkbox"/> 621 Accumetrics VerifyNow Aspirin (2 specimens)	\$231

<input type="checkbox"/> 622 Accumetrics VerifyNow PRUTest (2 specimens)	\$231
<input type="checkbox"/> 680 Coagulation Plasma	\$162
<input type="checkbox"/> 730 Erythrocyte Sedimentation Rate (ESR, Sed. Rate)	\$162
<input type="checkbox"/> 739 Sickle Cell Screen	\$162
<input type="checkbox"/> 745 Auto Diff 5 (Beckman Coulter 5part Diff)	\$294
<input type="checkbox"/> 746 Auto Diff 6 (Abbott 5Part Diff)	\$294
<input type="checkbox"/> 747 Auto Diff 7 (AcT 5 Diff & Horiba 5part Diff)	\$294
<input type="checkbox"/> 748 iStat Prottime	\$231
<input type="checkbox"/> 752 Auto Diff 8 (Sysmex 5part Diff)	\$294
<input type="checkbox"/> 763 CoaguChek XS Plus (2 specimens)	\$183
<input type="checkbox"/> 764 CoaguChek XS Plus (5 specimens)	\$243
<input type="checkbox"/> 950 Post Vasectomy Sperm Analysis	\$249

IMMUNOLOGY / VIROLOGY

<input type="checkbox"/> 644 H. pylori	\$141
<input type="checkbox"/> 653 Rheumatoid Factor	\$147
<input type="checkbox"/> 654 Lyme Serology	\$192
<input type="checkbox"/> 675 Infectious Mononucleosis	\$147
<input type="checkbox"/> 678 Serum hCG	\$147
<input type="checkbox"/> 679 Syphilis Serology	\$171
<input type="checkbox"/> 683 Antistreptolysin O (ASO)	\$192
<input type="checkbox"/> 684 CReactive Protein (CRP)	\$141
<input type="checkbox"/> 685 Special Chemistry II (2 specimens)	\$162
<input type="checkbox"/> 753 Infectious Mononucleosis (Waived) (1 specimen)	\$84
<input type="checkbox"/> 754 Infectious Mono/RF Combo	\$231
<input type="checkbox"/> 756 Viral Antibodies	\$171
<input type="checkbox"/> 758 Mycoplasma Antibody	\$171
<input type="checkbox"/> 760 Antinuclear Antibodies (ANA)	\$147
<input type="checkbox"/> 761 CReactive Protein, High Sensitivity CRP	\$141
<input type="checkbox"/> 765 Allergen Testing (1 specimen)	\$141
<input type="checkbox"/> 767 Hepatitis Markers	\$462
<input type="checkbox"/> 931 AntiCCP (Quant & Qual)	\$294
<input type="checkbox"/> 932 Hepatitis C Antibody (Waived)	\$312
<input type="checkbox"/> 933 HIV Antibody/Antigen Combo (2 specimens)	\$249
<input type="checkbox"/> 934 HIV Antibody/Antigen Combo (5 specimens)	\$354

MICROBIOLOGY

<input type="checkbox"/> 661 Urine Colony Count	\$171
<input type="checkbox"/> 665 Group A Strep Antigen (2 specimens)	\$90
<input type="checkbox"/> 668 Gram Stain	\$147
<input type="checkbox"/> 691 Group A Strep Antigen (5 specimens)	\$183
<input type="checkbox"/> 699 Group A Strep Antigen (Waived) (1 specimen)	\$84
<input type="checkbox"/> 768 MRSA Molecular	\$105
<input type="checkbox"/> 770 Viral Antigen Detection	\$294
<input type="checkbox"/> 771 Vaginal Pathogens Affirm VP Package	\$354
<input type="checkbox"/> 772 Dermatophyte Screen/Culture	\$243
<input type="checkbox"/> 775 Urine Culture	\$255
<input type="checkbox"/> 776 Throat Culture	\$255
<input type="checkbox"/> 777 Genital Culture	\$255
<input type="checkbox"/> 778 Urine & Throat Culture	\$255
<input type="checkbox"/> 779 Urine & Genital Culture	\$255
<input type="checkbox"/> 780 Throat & Genital Culture	\$255
<input type="checkbox"/> 781 Urine, Throat and Genital Culture	\$255

<input type="checkbox"/> 782 Complete Bacteriology	\$276
<input type="checkbox"/> 783 Group A Strep/Addon (2 specimens)	\$60
<input type="checkbox"/> 784 Presump ID/Colony Count Urine	\$276
<input type="checkbox"/> 785 Presump ID/Colony CountUrine & Strep Combo	\$276
<input type="checkbox"/> 789 Bacterial Antigen Detection	\$276
<input type="checkbox"/> 790 Urine Susceptibility AddOn	\$36
<input type="checkbox"/> 792 Viral Antigen Detection (Waived)	\$147
<input type="checkbox"/> 794 GC & Chlamydia Antigen Detection	\$312
<input type="checkbox"/> 795 GC & Chlamydia Antigen Detection (2 specimens)	\$105
<input type="checkbox"/> 796 Genital Culture Addon	\$105
<input type="checkbox"/> 797 Viral Antigen Detection II	\$312
<input type="checkbox"/> 961 Legionella Antigen	\$123
<input type="checkbox"/> 962 S. pneumoniae Antigen (2 specimens)	\$123
<input type="checkbox"/> 963 C. difficile toxin/Ag (5 specimens)	\$192
<input type="checkbox"/> 964 C. difficile toxin/Ag (2 specimens)	\$132
<input type="checkbox"/> 971 Giardia & Cryptosporidium Antigen (5 specimens)	\$255
<input type="checkbox"/> 972 Giardia & Cryptosporidium Antigen (2 specimens)	\$147
<input type="checkbox"/> 974 S. pneumoniae Antigen (5 specimens)	\$231
<input type="checkbox"/> 975 Bacterial Vaginosis	\$171
<input type="checkbox"/> 976 VRE Molecular	\$105
<input type="checkbox"/> 977 Trichomonas Antigen	\$162

URINALYSIS / WAIVED / PPM

<input type="checkbox"/> 600 Cholestech LDX/CardioChek	\$171
<input type="checkbox"/> 601 Waived/PPM Tests II	\$312
<input type="checkbox"/> 608 Hemocue Glucose/Hgb	\$141
<input type="checkbox"/> 609 Waived/PPM Tests I	\$294
<input type="checkbox"/> 637 KOH Glass Slides (Skin, Hair or Nail)	\$171
<input type="checkbox"/> 638 Urine Sediment Microscopy	\$42
<input type="checkbox"/> 639 Complete Urinalysis Package	\$171
<input type="checkbox"/> 640 Urinalysis	\$90
<input type="checkbox"/> 641 Clinical Microscopy	\$147
<input type="checkbox"/> 642 Urinalysis/hCG	\$105
<input type="checkbox"/> 647 Urinalysis/hCG/Fecal Occult Blood	\$123
<input type="checkbox"/> 791 Fecal Occult Blood AddOn	\$36

SUPPLIES / SUBSCRIPTIONS

<input type="checkbox"/> 730 POL Microscopy Atlas	\$49 Member**
	\$59 Nonmember**

** Plus Shipping and Handling

*Payment due at time of order on Atlas Orders.

MODULE TOTAL \$ _____

ANNUAL REGISTRATION FEE (CHOOSE ONE)

<input type="checkbox"/> COLA MEMBER	\$ _____	N/C
<input type="checkbox"/> REGISTRATION FEE	\$ _____	87.00

(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. Incomplete information may result in a shipment delay.**

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

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. For MultiChem modules (612, 616-619) you may use the panel codes CMP, BMP, Electrolytes, Lipid Panel, Renal Function Panel and/or Hepatic Panel. All CBC module setups include an automated differential, WBC, RBC, Hemoglobin, Hematocrit, Platelet Count, MCV and RDW. **NOTE: the enrollment process cannot be completed without this information. Incomplete information may result in a shipment delay.**

Module #	Complete Name of instrument/Method/Kit	Analytes/Panel (List all)
612 EXAMPLE	Alfa Wasserman Alera	CMP, Lipid Panel, TSH, Free T4
614 EXAMPLE	Abbott CELL-DYN Emerald	CBC