



American Association of Bioanalysts MLE Proficiency Testing Program

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Reinstatement programs are sold by individual analyte. Select the analyte(s) on the following order form by marking the appropriate boxes.

The initial (base) cost is \$100 for the first two analytes. Each additional analyte is \$50. For a full CBC with automated Diff, the cost is \$350. Automated diff only is \$100, Urinalysis is \$100. There is a shipping & handling charge OF \$125 to all orders.

Reinstatement program orders are processed in the order they are received daily and the shipment time is within approximately two to five days after receipt of the order, barring any complications with processing the order request.

Reinstatement programs are sold on a **PRE-PAID** basis. Money orders, checks, and all major credit cards (security code and expiration date are required) are accepted. Reinstatement Survey Kit will not be released until payment is received.

Graded results will be available approximately one to two weeks after being submitted.

During regular scheduled shipping or grading events, availability may be delayed.

Please indicate if it is a **PRE-LICENSURE** NOT A REINSTATEMENT.

After 40 days, if no results are submitted, program will be invalidated and order cancelled. No credits or refunds will be issued.

CHEMISTRY	
<input type="checkbox"/>	ADULTERATED URINE
<input type="checkbox"/>	ALCOHOL, serum
<input type="checkbox"/>	Acetone
<input type="checkbox"/>	Beta-hydroxybutyrate
<input type="checkbox"/>	AMMONIA*
	BLOOD GASES (indicate if i-STAT)
<input type="checkbox"/>	Chloride
<input type="checkbox"/>	Ionized Calcium
<input type="checkbox"/>	pCO2 <input type="checkbox"/> i-STAT
<input type="checkbox"/>	pH <input type="checkbox"/> i-STAT
<input type="checkbox"/>	pO2 <input type="checkbox"/> i-STAT
<input type="checkbox"/>	Potassium
<input type="checkbox"/>	Sodium
<input type="checkbox"/>	Glucose <input type="checkbox"/> Lactate
	CARDIAC MARKERS
<input type="checkbox"/>	BNP
<input type="checkbox"/>	CK-2/CK-MB
<input type="checkbox"/>	Myoglobin
<input type="checkbox"/>	NT-proBNP
<input type="checkbox"/>	Troponin I
<input type="checkbox"/>	Troponin T
	CHEMISTRY, MODULE (indicate if waived)
<input type="checkbox"/>	Albumin <input type="checkbox"/> Wv
<input type="checkbox"/>	Alkaline Phosphatase <input type="checkbox"/> Wv
<input type="checkbox"/>	ALT (SGPT) <input type="checkbox"/> Wv
<input type="checkbox"/>	AST (SGOT) <input type="checkbox"/> Wv
<input type="checkbox"/>	Bicarbonate (CO2) <input type="checkbox"/> Wv
<input type="checkbox"/>	Bilirubin, Total <input type="checkbox"/> Wv
<input type="checkbox"/>	Calcium <input type="checkbox"/> Wv
<input type="checkbox"/>	Chloride <input type="checkbox"/> Wv
<input type="checkbox"/>	Cholesterol, Total <input type="checkbox"/> Wv
<input type="checkbox"/>	Creatinine <input type="checkbox"/> Wv
<input type="checkbox"/>	Glucose <input type="checkbox"/> Wv
<input type="checkbox"/>	Phosphorous <input type="checkbox"/> Wv
<input type="checkbox"/>	Potassium <input type="checkbox"/> Wv
<input type="checkbox"/>	Pregnancy, Serum (Qualitative hCG)
<input type="checkbox"/>	Sodium <input type="checkbox"/> Wv
<input type="checkbox"/>	Total Protein <input type="checkbox"/> Wv
<input type="checkbox"/>	Triglycerides <input type="checkbox"/> Wv
<input type="checkbox"/>	Urea Nitrogen (BUN) <input type="checkbox"/> Wv
<input type="checkbox"/>	Uric Acid <input type="checkbox"/> Wv
<input type="checkbox"/>	Alpha-fetoprotein
<input type="checkbox"/>	Amylase
<input type="checkbox"/>	Cortisol

CHEMISTRY	
	CHEMISTRY, MODULE continued
<input type="checkbox"/>	Creatine Kinase (CK/CPK)
<input type="checkbox"/>	Gamma Glutamyltransferase (GT/GGT)
<input type="checkbox"/>	Iron
<input type="checkbox"/>	Lactate Dehydrogenase (LD/LDH)
<input type="checkbox"/>	Lactic Acid
<input type="checkbox"/>	Lipase
<input type="checkbox"/>	Magnesium
<input type="checkbox"/>	Thyroid Stimulating Hormone (TSH)
<input type="checkbox"/>	Thyroxin, Free (FT4)
<input type="checkbox"/>	Thyroxin, Total (TT4)
<input type="checkbox"/>	Triiodothyronine (Total T3)
<input type="checkbox"/>	T-uptake
<input type="checkbox"/>	Free T3
<input type="checkbox"/>	SERUM HCG, quant or qual, 5 vial
<input type="checkbox"/>	D-DIMER *
<input type="checkbox"/>	DIRECT BILIRUBIN *
	CHEMISTRY, i-STAT (indicate if waived)
<input type="checkbox"/>	Bicarbonate (CO2) <input type="checkbox"/> Wv
<input type="checkbox"/>	Calcium, Ionized <input type="checkbox"/> Wv
<input type="checkbox"/>	Chloride <input type="checkbox"/> Wv
<input type="checkbox"/>	Creatinine <input type="checkbox"/> Wv
<input type="checkbox"/>	Glucose <input type="checkbox"/> Wv
<input type="checkbox"/>	Hematocrit <input type="checkbox"/> Wv
<input type="checkbox"/>	Hemoglobin <input type="checkbox"/> Wv
<input type="checkbox"/>	Lactate
<input type="checkbox"/>	Potassium <input type="checkbox"/> Wv
<input type="checkbox"/>	Sodium <input type="checkbox"/> Wv
<input type="checkbox"/>	Urea Nitrogen (BUN) <input type="checkbox"/> Wv
	CHEMISTRY, URINE*
<input type="checkbox"/>	Amylase
<input type="checkbox"/>	Calcium
<input type="checkbox"/>	Chloride
<input type="checkbox"/>	Magnesium
<input type="checkbox"/>	Glucose
<input type="checkbox"/>	Osmolality
<input type="checkbox"/>	Phosphorous
<input type="checkbox"/>	Potassium
<input type="checkbox"/>	Protein, Total
<input type="checkbox"/>	Sodium
<input type="checkbox"/>	Urea Nitrogen
<input type="checkbox"/>	Uric Acid
<input type="checkbox"/>	URINE MICROALBUMIN *
	* = 2 vial program

FERTILITY/ENDOCRINOLOGY*	
<input type="checkbox"/>	DHEA-S
<input type="checkbox"/>	Estradiol
<input type="checkbox"/>	Follicle Stimulating Hormone (FSH)
<input type="checkbox"/>	Leuteinizing Hormone (LH)
<input type="checkbox"/>	Progesterone
<input type="checkbox"/>	PTH
<input type="checkbox"/>	Insulin
<input type="checkbox"/>	C-Peptide
<input type="checkbox"/>	Vitamin D
<input checked="" type="checkbox"/>	Ferritin
<input type="checkbox"/>	Folate
<input type="checkbox"/>	Homocysteine
<input type="checkbox"/>	Prolactin
<input type="checkbox"/>	Testosterone
<input type="checkbox"/>	Vitamin B12
<input checked="" type="checkbox"/>	Prealbumin
<input type="checkbox"/>	PTH
<input type="checkbox"/>	Insulin
<input type="checkbox"/>	C-Peptide
<input type="checkbox"/>	Vitamin D
<input checked="" type="checkbox"/>	T3, Free
<input type="checkbox"/>	Prostate-specific Antigen (PSA), Total *
<input type="checkbox"/>	hsC-Reactive Protein *
<input type="checkbox"/>	TIBC *
<input type="checkbox"/>	UIBC *
<input type="checkbox"/>	TRANSFERRIN *
THERAPUETIC DRUG MONITORING	
<input type="checkbox"/>	Acetaminophen
<input type="checkbox"/>	Carbamazepine
<input checked="" type="checkbox"/>	Carisoprodol
<input type="checkbox"/>	Digoxin
<input type="checkbox"/>	Gentamicin
<input type="checkbox"/>	Lidocaine
<input type="checkbox"/>	Meperidine
<input type="checkbox"/>	Methanol
<input type="checkbox"/>	Phenobarbital
<input type="checkbox"/>	Phenytoin
<input type="checkbox"/>	Salicylates
<input type="checkbox"/>	Theophylline
<input type="checkbox"/>	Tobramycin
<input type="checkbox"/>	Valproic Acid
<input type="checkbox"/>	Vancomycin
<input type="checkbox"/>	
* = 2 vial program	

TUMOR MARKERS *	
<input type="checkbox"/>	Beta-2-microglobulin
<input type="checkbox"/>	CA 15-3
<input type="checkbox"/>	CA 19-9
<input checked="" type="checkbox"/>	CA 27.29
<input type="checkbox"/>	CA 125
<input type="checkbox"/>	CEA
<input type="checkbox"/>	Prostatic Acid Phosphatase (PAP)
<input type="checkbox"/>	Prostate-specific Antigen (PSA), Free
<input type="checkbox"/>	Thyroglobulin
URINE DRUG SCREENING*	
<input type="checkbox"/>	Acetaminophen
<input type="checkbox"/>	Alcohol (Ethanol)
<input checked="" type="checkbox"/>	Amphetamines
<input type="checkbox"/>	Barbituates
<input type="checkbox"/>	Benzodiazepines
<input type="checkbox"/>	Buprenorphine
<input type="checkbox"/>	Cannabanoids
<input type="checkbox"/>	Cocaine Metabolite
<input type="checkbox"/>	Cotinine
<input type="checkbox"/>	Fentanyl
<input type="checkbox"/>	Hydrocodone
<input type="checkbox"/>	Lysergic Acid Diethylamide (LSD)
<input type="checkbox"/>	MDMA (Ecstasy)
<input type="checkbox"/>	Methadone
<input type="checkbox"/>	Methadone Metabolite (EDDP)
<input type="checkbox"/>	Methaqualone
<input type="checkbox"/>	Methamphetamine
<input type="checkbox"/>	Opiates
<input type="checkbox"/>	Oxycodone
<input type="checkbox"/>	Phencyclidine (PCP)
<input type="checkbox"/>	Propoxyphene
<input type="checkbox"/>	Tramadol
<input type="checkbox"/>	Tricyclic Antidepressants (TCA)
<input type="checkbox"/>	zolpidem
<input type="checkbox"/>	Other (specify) _____
Provider-Performed Microscopy (photo images)	
<input type="checkbox"/>	Fern Test
<input type="checkbox"/>	Vaginal KOH Prep
<input type="checkbox"/>	Nasal Eosinophils
<input type="checkbox"/>	Pinworm Prep
<input type="checkbox"/>	Sperm Qualitative
<input type="checkbox"/>	Fecal Leukocytes
<input type="checkbox"/>	Vaginal Wet Mount
<input type="checkbox"/>	Scabies

	WHOLE BLOOD GLUCOSE
<input type="checkbox"/>	Whole Blood Glucose, nonwaived, 5 vial
<input type="checkbox"/>	Whole Blood Glucose, waived, 2 vial *
	URINALYSIS
<input type="checkbox"/>	URINALYSIS Full \$100
	Bilirubin
	Blood (Hemoglobin)
	Creatinine (semi-quantitative only)
	Glucose
	Ketones
	Leukocyte Esterase
	Nitrite
	pH
	Protein
	Specific Gravity
<input type="checkbox"/>	URINE SEDIMENT
<input type="checkbox"/>	URINE HCG, 1 vial
	COAGULATION
<input type="checkbox"/>	ACTIVATED CLOTTING TIME*
<input type="checkbox"/>	COAGUCHEK PT XS / XS PLUS, BASIC*
<input type="checkbox"/>	COAGUCHEK PT XS / XS PLUS, COMP
	COAGULATION (mark item below)
<input type="checkbox"/>	Activated Partial Thromboplastin Time (APTT)
<input type="checkbox"/>	Fibrinogen
<input type="checkbox"/>	INR
<input type="checkbox"/>	Prothrombin Time (PT)
<input type="checkbox"/>	I-STAT PROTHROMBIN TIME, whole blood
	HEMATOLOGY
<input type="checkbox"/>	ERYTHROCYTE SEDIMENTATION RATE (ESR)*
<input type="checkbox"/>	ERYTHROCYTE SEDIMENTATION RATE (ESR)-RAPID*
	HEMATOLOGY (mark item below)
<input type="checkbox"/>	Full CBC \$350 (blood indices not included)
<input type="checkbox"/>	Automated Differential \$100
<input type="checkbox"/>	Erythrocyte Count
<input type="checkbox"/>	Hematocrit
<input type="checkbox"/>	Hemoglobin
<input type="checkbox"/>	Leukocyte Count
<input type="checkbox"/>	Platelet Count
<input type="checkbox"/>	CELL IDENTIFICATION
<input type="checkbox"/>	RETICULOCYTE COUNT*
	Provide Retic method: _____

	IMMUNOHEMATOLOGY
	CALL FOR AVAILABILITY
<input type="checkbox"/>	ABO Blood Group
<input type="checkbox"/>	D (Rh) Typing
<input type="checkbox"/>	Unexpected Antibody Detection
<input type="checkbox"/>	Unexpected Antibody Identification
<input type="checkbox"/>	Compatibility Testing (Crossmatch)
<input type="checkbox"/>	DIRECT ANTIGLOBULIN TEST*
	IMMUNOLOGY
<input type="checkbox"/>	ANTINUCLEAR ANTIBODIES
<input type="checkbox"/>	ANTISTREPTOLYSIN O
<input type="checkbox"/>	C-REACTIVE PROTEIN*
<input type="checkbox"/>	HELICOBACTER PYLORI ANTIBODY*
	HEPATITIS MARKERS (mark item below)
<input type="checkbox"/>	anti-HAV
<input type="checkbox"/>	anti-HCV
<input type="checkbox"/>	anti-HBc, IgM
<input type="checkbox"/>	anti-HBc, Total
<input type="checkbox"/>	anti-HBs
<input type="checkbox"/>	HBeAg
<input type="checkbox"/>	HBsAg
	HIV MARKERS (mark item below)
<input type="checkbox"/>	anti-HIV-1 or 1/2 Screening
<input type="checkbox"/>	anti-HIV-1 Confirmation
<input type="checkbox"/>	anti-HIV-1 or 1/2 Screening, Rapid/Waived*
<input type="checkbox"/>	HIV p24 Antigen
	IMMUNOPROTEINS
<input type="checkbox"/>	C3
<input type="checkbox"/>	C4
<input type="checkbox"/>	IgA
<input type="checkbox"/>	IgE
<input type="checkbox"/>	IgG
<input type="checkbox"/>	IgM
<input type="checkbox"/>	INFECTIOUS MONONUCLEOSIS
	ORAL FLUID HIV-1 ANTIBODIES
<input type="checkbox"/>	Screen
<input type="checkbox"/>	Western Blot
<input type="checkbox"/>	RHEUMATOID FACTOR
<input type="checkbox"/>	RUBELLA
<input type="checkbox"/>	SARS-CoV-2 SEROLOGY
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