



# 2024 AAB-MLE PROFICIENCY TESTING ORDER FORM

1.  New Enrollee  
 Renewal: AAB-MLE ID# \_\_\_\_\_

2. **Billing Address (for delivery of invoices and statements if different from shipping address)**  
Institution: \_\_\_\_\_  
Mail Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Billing Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

3. **Certification / Accreditation**  
Lab Director: \_\_\_\_\_  
CLIA Number: \_\_\_\_\_  
COLA ID #: \_\_\_\_\_  
CAP/LAP #: \_\_\_\_\_  
New York State ID# \_\_\_\_\_

4. **Shipping address (for delivery of testing material, physical street address required, no PO boxes)**  
 Same as billing address  
Name (Contact): \_\_\_\_\_  
Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Country (other than US): \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

5. **Mailing Address (for delivery of correspondence such as graded reports if different from shipping address)**  
 Same as billing address  
Mailing Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

6. **Payment Options**  
 Purchase Order #: \_\_\_\_\_  
 Check (enclosed)  
 Credit Card Type:  Visa  Mastercard  
 American Express  Discover  
Card number: \_\_\_\_\_  
Exp date: \_\_\_\_\_ Security Code: \_\_\_\_\_  
Billing Zip: \_\_\_\_\_

**Payment is due net 30 days. Overdue accounts are subject to holds and/or cancellations.**

6. **How did you hear about us?**  
\_\_\_\_\_  
\_\_\_\_\_

7. Laboratory Type: \_\_\_\_\_

**The AAB-MLE products you have ordered may contain pathogenic and biohazardous material. By returning this order form you assume all risk and responsibility in connection with the receipt, handling, storage, use and disposal of the materials.**

**Please note: You must cancel a module IN WRITING at least 4 weeks prior to the upcoming shipment to avoid being charged.**

Institution Name: \_\_\_\_\_

CLIA #: \_\_\_\_\_

2024 Programs Order Form Prorate 2 Events M2 & M3 and S2 only

Cat #	Program Module Description	X	Price	Total
<b>Point of Care Waived Tests</b>				
542	Fecal Occult Blood		\$96	
537	Fecal Occult Blood - Add-On (with 530, 531 only)		\$70	
543	Gastric Occult Blood		\$136	
538	KOH Slides		\$134	
534	Provider Performed Microscopy (PPM)		\$106	
535	PPM - Add-On		\$36	
531	Urinalysis Dipstick		\$84	
530	Urinalysis Module		\$100	
541	Urine hCG		\$74	
540	Urine hCG - Add-On (with 530, 531 only)		\$24	
539	Urine Microalbumin/Creatinine		\$100	
536	Urine Microalbumin/Creatinine - Add-On (with 530, 531 only)		\$70	
550	Urine Pregnancy - 2 vial		\$94	
532	Urine Sediment Identification		\$94	
533	Urine Sediment Identification - Add-On (with 534 only)		\$28	
<b>Chemistry</b>				
874	Adulterated Urine - Add-On (with 868 only)		\$70	
851	Afinion Glycohemoglobin		\$162	
836	Ammonia		\$130	
847	Blood Gases (2 sets)		\$256	
838	Blood Lead - Waived		\$166	
846	BNP/D-Dimer		\$180	
845	Cardiac Markers		\$266	
810	Chemistry Module		\$276	
813	Comprehensive Metabolic Profile		\$218	
860	Endocrinology 1		\$180	
863	Endocrinology 2		\$158	
873	Ethyl Glucuronide - Add-On (with 868 only)		\$58	
858	Fertility Testing		\$120	
875	Fluids Chemistry		\$178	
850	Glycohemoglobin		\$152	
852	Glycohemoglobin - 5-vial		\$266	
828	Iron Binding Capacity		\$116	
818	i-STAT Chemistry		\$200	
832	i-STAT Chemistry - Waived		\$140	
811	Lipid Panel/Glucose - Waived		\$140	
829	Lipid Profile		\$172	
841	Neonatal/Direct Bilirubin		\$168	
861	PSA		\$112	
859	PSA - Add-On (with 860 only)		\$52	
835	Serum Alcohol/Ketones		\$184	
865	Serum hCG		\$144	
866	Serum hCG - Add-On (with 810, 813, 817, 818, 824 only)		\$72	
854	SHBG/Testosterone		\$246	
<b>COLUMN 1</b>			<b>Subtotal</b>	

2024 Programs Order Form Prorate 2 Events M2 & M3 and S2 only

Cat #	Program Module Description	X	Price	Total
<b>Chemistry - continued</b>				
830	Therapeutic Drug Monitoring		\$166	
831	Therapeutic Drug Monitoring - Add-On (with 810 only)		\$46	
864	Thyroid Antibodies		\$188	
824	Thyroid Profile		\$190	
844	Total Protein		\$172	
862	Tumor Markers		\$274	
872	Urine Chemistry		\$180	
868	Urine Drug Screen		\$178	
812	Waived Chemistry Panel		\$170	
833	Waived Chemistry Panel - Add-On (with 824 only)		\$56	
870	Whole Blood Glucose		\$206	
871	Whole Blood Glucose - Waived		\$132	
<b>Hematology</b>				
231	Blood Cell Identification		\$100	
230	Blood Cell Identification - Add-On (with 223 through 229)		\$36	
224	Hematology - Sysmex 3-Part Diff		\$226	
225	Hematology with 3-Part Diff		\$220	
229	Hematology with 5 or 6-Part Diff - Sysmex		\$254	
226	Hematology with 5-Part Diff		\$254	
223	Hematology with 5-Part Diff - Abbott Cell Dyn		\$254	
228	Hematology with 5-Part Diff - AcT 5 and Pentra		\$254	
227	Hematology with 5-Part Diff - DxH 500 Series		\$254	
215	Hemoglobin/Glucose - HemoCue		\$136	
213	Hemoglobin/Hematocrit - Waived		\$128	
212	Hemoglobin/Hematocrit/WBC		\$170	
248	Rapid Sedimentation Rate		\$134	
240	Reticulocyte Count		\$174	
247	Sedimentation Rate		\$134	
249	Sickle Cell Screen		\$144	
<b>Coagulation</b>				
332	Activated Clotting Time		\$196	
330	CoaguChek XS Plus Prothrombin Time		\$236	
331	CoaguChek XS Plus Prothrombin Time - Waived		\$154	
320	Coagulation Module		\$168	
328	i-STAT Prothrombin Time		\$256	
324	Roche CoaguChek XS INR - Waived		\$154	
<b>Immunohematology</b>				
451	ABO & Rh Typing		\$216	
452	Blood Bank 1		\$290	
453	Blood Bank 2		\$310	
450	D (Rh) Typing		\$126	
454	Direct Antiglobulin Test		\$164	
<b>COLUMN 2</b>			<b>Subtotal</b>	

Institution Name: \_\_\_\_\_

CLIA #: \_\_\_\_\_

2024 Programs Order Form Prorate 2 Events M2 & M3 and S2 only

Cat #	Program Module Description	X	Price	Total
<b>Immunology/Serology</b>				
782	ANA Panel		\$210	
783	ANA Panel - Add-On (with 750, 751 only)		\$162	
753	Anti-Streptolysin O Add-on (with 751 only)		\$62	
764	C-Reactive Protein		\$92	
776	C-Reactive Protein - Add-On (with 750 only)		\$48	
773	Diagnostic Allergy		\$266	
780	H. pylori Antibody Detection		\$124	
765	High Sensitivity C-Reactive Protein		\$100	
777	High Sensitivity C-Reactive Protein - Add-On (with 750, 751 only)		\$52	
791	HIV Markers		\$212	
790	HIV Markers - Waived		\$134	
750	Immunology Module		\$250	
784	Immunoproteins		\$176	
761	Infectious Mono/Rheumatoid Factor		\$230	
762	Infectious Mononucleosis		\$148	
755	Infectious Mononucleosis - Waived		\$94	
781	Mycoplasma Antibody		\$128	
793	Oral Fluid HIV Antibodies		\$268	
763	Rheumatoid Factor		\$148	
751	Rheumatology Module		\$184	
771	Rubella		\$148	
792	SARS-CoV-2 Serology		\$216	
770	Specific Allergen Testing		\$266	
772	Syphilis Serology		\$162	
752	ToRCH (M3 only)		\$155	
775	Viral Markers		\$340	
<b>Microbiology - Cultures</b>				
630	Bacteriology 1		\$254	
640	Bacteriology 2		\$244	
678	Dermatophyte Culture		\$208	
646	Genital Culture		\$232	
651	Miscellaneous Cultures - Add-On (with 640 - 647 only)		\$138	
695	MRSA Culture		\$218	
696	MRSA Culture - Add-On (with any 5 challenge culture or antigen)		\$116	
694	Supplemental Blood Culture		\$114	
641	Throat Culture		\$232	
648	Urine Colony Count		\$176	
643	Urine Culture		\$232	
645	Urine/Throat Culture		\$234	
<b>Microbiology - Staining</b>				
679	Acid-Fast Smears (M3 only)		\$118	
650	Gram Stain		\$168	
<b>COLUMN 3</b>			<b>Subtotal</b>	

2024 Programs Order Form Prorate 2 Events M2 & M3 and S2 only

Cat #	Program Module Description	X	Price	Total
<b>Microbiology - Antigen Testing</b>				
682	C. difficile/Rotavirus Antigen Detection		\$222	
675	Chlamydia/GC/Strep B Antigen Screen		\$276	
673	Chlamydia/GC/Strep B - Add-on (with 640 - 647 only)		\$138	
683	Cryptosporidium/Giardia lamblia Antigen Detection		\$246	
686	Legionella Antigen Detection		\$188	
692	OSOM Bacterial Vaginosis - Waived		\$140	
665	Rapid Urease (CLO)		\$122	
681	Respiratory Antigen Detection		\$230	
680	Respiratory Antigen Detection - Waived		\$156	
697	SARS-CoV-2 Antigen Detection		\$348	
688	SARS-CoV-2 Antigen Detection - Waived		\$230	
698	SARS-CoV-2 Molecular Detection		\$354	
689	SARS-CoV-2 Molecular Detection - Waived		\$236	
684	Shiga Toxin		\$176	
660	Strep A Antigen Detection		\$146	
662	Strep A Antigen Detection - Waived		\$92	
687	Streptococcus pneumoniae Antigen Detection		\$192	
693	Tricomonas vaginalis - Waived		\$140	
668	Vaginosis Screen		\$294	
<b>Parasitology</b>				
691	Parasitology		\$266	
690	PVA Slides - Add-On		\$138	
<b>Andrology, Embryology &amp; Fetal Tests</b>				
978	Antisperm Antibodies		\$149	
984	Embryo Grading		\$167	
983	Fetal Fibronectin (fFN)		\$223	
975	Fetal Membrane Rupture		\$202	
976	IVF Embryology Culture Media		\$258	
977	Preimplantation Genetic Testing - Aneuploidy		\$490	
979	Sperm Count, Qualitative/Post-vasectomy		\$144	
980	Sperm Count, for Quantitative and Qualitative		\$162	
981	Sperm Morphology		\$162	
985	Sperm Motility		\$168	
982	Sperm Viability		\$162	
<b>Specialty PPM and POC</b>				
902	Basic Waived and PPM Package		\$214	
901	Waived and PPM Package		\$244	
903	Whole Blood Glucose, EQAS (Multi-Site)		\$170	
<b>COLUMN 4</b>			<b>Subtotal</b>	
<b>COLUMN 3</b>			<b>Subtotal</b>	
<b>COLUMN 2</b>			<b>Subtotal</b>	
<b>COLUMN 1</b>			<b>Subtotal</b>	
<b>Total Program Order</b>				
			<b>Annual Registration</b>	<b>\$90</b>
			<b>Single Program Surcharge</b>	<i>If applicable</i> <b>\$40</b>
			<b>Non Continental US Shipping Charge</b>	<i>If applicable</i> <b>\$60</b>
			<b>Total Payment Due</b>	