



## American Association of Bioanalysts MLE Proficiency Testing Program

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Email: [TechSupport@aab-pts.org](mailto:TechSupport@aab-pts.org)

800-234-5315 ♦ 281-436-5357

Fax: 713-781-5008

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.



<b>CHEMISTRY</b>	
<input type="checkbox"/>	<b>ADULTERATED URINE</b>
<input type="checkbox"/>	<b>ALCOHOL, serum</b>
<input type="checkbox"/>	Acetone
<input type="checkbox"/>	Beta-hydroxybutyrate
<input type="checkbox"/>	<b>AMMONIA*</b>
<input type="checkbox"/>	<b>BLOOD GASES</b> (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
<input type="checkbox"/>	<b>CARDIAC MARKERS</b>
<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"/> hs Troponin I
<input type="checkbox"/>	Troponin T <input type="checkbox"/> hs Troponin T
<input type="checkbox"/>	<b>CHEMISTRY, MODULE</b> (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"/>	Cholesterol, HDL <input type="checkbox"/> Cholesterol, LDL (Direct)
<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

<b>CHEMISTRY</b>	
<input type="checkbox"/>	<b>CHEMISTRY, MODULE continued</b>
<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"/>	<b>SERUM HCG, quant or qual, 5 vial</b>
<input type="checkbox"/>	<b>D-DIMER *</b>
<input type="checkbox"/>	<b>DIRECT BILIRUBIN *</b>
<input type="checkbox"/>	<b>CHEMISTRY, i-STAT</b> (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
<input type="checkbox"/>	<b>CHEMISTRY, URINE*</b>
<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"/>	<b>URINE MICROALBUMIN *</b>
<input type="checkbox"/>	<b>* = 2 vial program</b>





IMMUNOLOGY (cont'd)	
<b>ToRCH</b>	
<input type="checkbox"/>	Cytomegalovirus IgG
<input type="checkbox"/>	Herpes Type I, IgG
<input type="checkbox"/>	Herpes Type II, IgG
<input type="checkbox"/>	Herpes Type I/II, IgM
<input type="checkbox"/>	Rubella IgG
<input type="checkbox"/>	Toxoplasma IgG
<b>Syphilis Serology</b>	
<input type="checkbox"/>	Syphilis: RPR, RST or TRUST
<input type="checkbox"/>	Syphilis: RPR, RST or TRUST, titer
<input type="checkbox"/>	Syphilis: VDRL or USR
<input type="checkbox"/>	Syphilis: VDRL or USR, titer
<input type="checkbox"/>	Syphilis: MHA-TP or TP-PA
<input type="checkbox"/>	Syphilis: EIA
<input type="checkbox"/>	Syphilis: FTA-ABS or FTA-ABS DS
<b>RESPIRATORY ANTIGEN DETECTION</b>	
<input type="checkbox"/>	Influenza Type A Antigen
<input type="checkbox"/>	Influenza Type B Antigen
<input type="checkbox"/>	Respiratory Syncytial Virus Antigen
<input type="checkbox"/>	Rotavirus Antigen
<b>MICROBIOLOGY</b>	
<b>ACID FAST SMEARS</b>	
<input type="checkbox"/>	Shiga Toxin
<b>C. DIFFICILE TOXIN AG DETECTION</b>	
<input type="checkbox"/>	Strep A (molecular) and/or Strep C/G (molecular)
<input type="checkbox"/>	Chlamydia trachomatis (Antigen Screen)
<input type="checkbox"/>	Neisseria gonorrhoeae (Antigen Screen)
<input type="checkbox"/>	Strep B Antigen Screen
<input type="checkbox"/>	KOH Slides (Glass slides to represent a KOH exam)
<b>GRAM STAIN</b>	
<b>Gram Stain Morphology</b>	
<input type="checkbox"/>	Cryptosporidium (Antigen Detection)
<input type="checkbox"/>	Giardia lamblia (Antigen Detection)
<b>VAGINOSIS SCREEN (for molecular and antigen)</b>	
<input type="checkbox"/>	<i>Trichomonas vaginalis</i>
<input type="checkbox"/>	<i>Gardnerella vaginalis</i>
<input type="checkbox"/>	<i>Candida albicans</i>
<input type="checkbox"/>	Bacterial Vaginosis Detection

MICROBIOLOGY (cont'd)	
<input type="checkbox"/>	SARS-CoV-2 MOLECULAR DETECTION*
<input type="checkbox"/>	SARS-CoV-2, Antigen (5 vial) or <input type="checkbox"/> waived
<input type="checkbox"/>	SARS-CoV-2, Molecular Detection 5 vial
for any Andrology or Embryology off-cycle - please contact us at 800-234-5315	
<b>Shipping&amp;Handling-Continental US \$125</b>	
<b>Shipping&amp;Handling-AK &amp; HI \$150</b>	
Reinstatement cost is \$50 per analyte PLUS shipping and handling. A base price of \$100 applies if ordering 1 or 2 analytes	
State & Local Tax will be charged if applicable	
Base charge for Off-cycle	\$ 100.00
Addl analytes ___ x \$50	\$
Shipping & Handling	\$
State & Local Tax-if applicable***	\$
<b>Total Order Charges</b>	\$
*** If tax exempt, include proof of exemption	
* = 2 vial program    ** = 3 vial program	