

2025 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.

Prorated 1 Event

Email mle@aab-mle.org
 Ph. 800-234-5315 Fax 202-835-0440

2025 AAB-MLE Order Form

2025 Programs Order Form Prorated 1 Event - M3 & S2 Only

2025 Programs Order Form Prorated 1 Event - M3 & S2 Only

Cat #	Program Module Description	X	Price	Total
	Chemistry - continued			
830	Therapeutic Drug Monitoring		\$91	
831	Therapeutic Drug Monitoring - Add-On (with 810 only)		\$33	
864	Thyroid Antibodies		\$99	
824	Thyroid Profile		\$99	
844	Total Protein		\$95	
862	Tumor Markers		\$183	
872	Urine Chemistry		\$93	
868	Urine Drug Screen		\$95	
812	Waived Chemistry Panel		\$89	
833	Waived Chemistry Panel - Add-On (with 824 only)		\$33	
870	Whole Blood Glucose		\$108	
871	Whole Blood Glucose - Waived		\$69	
	Hematology			
231	Blood Cell Identification		\$52	
230	Blood Cell Identification - Add-On (with 223 through 229)		\$19	
224	Hematology - Sysmex 3-Part Diff		\$119	
225	Hematology with 3-Part Diff		\$115	
229	Hematology with 5 or 6-Part Diff - Sysmex		\$133	
226	Hematology with 5-Part Diff		\$133	
223	Hematology with 5-Part Diff - Abbott Cell Dyn		\$133	
228	Hematology with 5-Part Diff - AcT 5 and Pentra		\$133	
227	Hematology with 5-Part Diff - DxH 500 Series		\$133	
215	Hemoglobin/Glucose - HemoCue		\$71	
213	Hemoglobin/Hematocrit - Waived		\$67	
212	Hemoglobin/Hematocrit/WBC		\$91	
248	Rapid Sedimentation Rate		\$71	
240	Reticulocyte Count		\$91	
247	Sedimentation Rate		\$71	
249	Sickle Cell Screen		\$76	
	Coagulation			
330	CoaguChek XS Plus Prothrombin Time		\$121	
331	CoaguChek XS Plus Prothrombin Time - Waived		\$79	
320	Coagulation Module		\$87	
324	Roche CoaguChek XS INR - Waived		\$79	
	Immunohematology			
451	ABO & Rh Factor		\$128	
452	Blood Bank 1		\$180	
453	Blood Bank 2		\$199	
450	D (Rh) Typing		\$110	
454	Direct Antiglobulin Test		\$97	
	COLUMN 2		Subtotal	

Institution Name: _____
CLIA # _____

2025 Programs Order Form Prorated 1 Event - M3 & S2 Only				
Cat #	Program Module Description	X	Price	Total
	Immunology/Serology			
782	ANA Panel		\$108	
766	Antinuclear Antibody (ANA) Latex Methods		\$80	
753	Anti-Streptolysin O Add-on (with 751 only)		\$41	
764	C-Reactive Protein		\$50	
776	C-Reactive Protein - Add-On (with 750 only)		\$30	
773	Diagnostic Allergy		\$133	
780	H. pylori Antibody Detection		\$65	
765	High Sensitivity C-Reactive Protein		\$90	
791	HIV Markers		\$115	
790	HIV Markers - Waived		\$72	
750	Immunology Module		\$150	
784	Immunoproteins		\$92	
761	Infectious Mono/Rheumatoid Factor		\$135	
762	Infectious Mononucleosis		\$80	
755	Infectious Mononucleosis - Waived		\$50	
781	Mycoplasma Antibody		\$68	
793	Oral Fluid HIV Antibodies		\$138	
763	Rheumatoid Factor		\$80	
751	Rheumatology Module		\$117	
771	Rubella		\$80	
792	SARS-CoV-2 Serology		\$113	
770	Specific Allergen Testing		\$113	
772	Syphilis Serology		\$87	
752	ToRCH		\$174	
775	Viral Markers		\$173	
	Microbiology - Cultures			
630	Bacteriology 1		\$139	
640	Bacteriology 2		\$128	
678	Dermatophyte Culture		\$122	
646	Genital Culture		\$122	
651	Miscellaneous Cultures - Add-On (with 640 - 647 only)		\$73	
695	MRSA Culture		\$125	
696	MRSA Culture - Add-On (with any 5 challenge culture or antigen)		\$72	
694	Supplemental Blood Culture		\$63	
641	Throat Culture		\$122	
648	Urine Colony Count		\$92	
643	Urine Culture		\$122	
645	Urine/Throat Culture		\$123	
	Microbiology - Staining			
679	Acid-Fast Smears (3rd event only)		\$131	
650	Gram Stain		\$88	
	Microbiology - Antigen Testing			
682	C. difficile/Rotavirus Antigen Detection		\$114	
675	Chlamydia/GC/Strep B Antigen Screen		\$88	
	COLUMN 3		Subtotal	

2025 Programs Order Form Prorated 1 Event - M3 & S2 Only				
Cat #	Program Module Description	X	Price	Total
	Microbiology - Antigen Testing - continued			
683	Cryptosporidium/Giardia lamblia Antigen Detection		\$128	
686	Legionella Antigen Detection		\$120	
692	OSOM Bacterial Vaginosis - Waived		\$78	
665	Rapid Urease (CLO)		\$67	
681	Respiratory Antigen Detection		\$120	
680	Respiratory Antigen Detection - Waived		\$81	
697	SARS-CoV-2 Antigen Detection		\$179	
688	SARS-CoV-2 Antigen Detection - Waived		\$122	
698	SARS-CoV-2 Molecular Detection		\$182	
689	SARS-CoV-2 Molecular Detection - Waived		\$125	
684	Shiga Toxin		\$138	
660	Strep A Antigen Detection		\$76	
662	Strep A Antigen Detection - Waived		\$49	
687	Streptococcus pneumoniae Antigen Detection		\$120	
671	Strep Complete - Molecular Methods		\$115	
693	Tricomonas vaginalis - Waived		\$78	
668	Vaginosis Screen		\$153	
685	Viral Respiratory Panel - Molecular Methods		\$225	
	Parasitology			
691	Parasitology		\$138	
690	PVA Slides - Add-On		\$72	
	Andrology, Embryology & Fetal Tests S2 Event Only			
978	Antisperm Antibodies		\$156	
984	Embryo Grading		\$175	
983	Fetal Fibronectin (fFN)		\$234	
975	Fetal Membrane Rupture		\$212	
976	IVF Embryology Culture Media		\$271	
977	Preimplantation Genetic Testing - Aneuploidy		\$515	
979	Sperm Count, Qualitative/Post-vasectomy		\$156	
980	Sperm Count, for Quantitative and Qualitative		\$170	
981	Sperm Morphology		\$173	
985	Sperm Motility		\$176	
982	Sperm Viability		\$173	
	Specialty PPM and POC			
902	Basic Waived and PPM Package		\$112	
901	Waived and PPM Package		\$128	
903	Whole Blood Glucose, EQAS (Multi-Site)		\$90	
	COLUMN 4		Subtotal	
	COLUMN 3		Subtotal	
	COLUMN 2		Subtotal	
	COLUMN 1		Subtotal	
Total Program Order				
	Annual Registration			\$95
	Single Program Surcharge	<i>If applicable</i>		\$20
	Non Continental US Shipping Charge	<i>If applicable</i>		\$30
	Total Payment Due			