MEDICAL LABORATORY EVALUATION
A SERVICE OF THE AMERICAN ASSOCIATION OF BIOANALYSTS

2026 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)***

Name (Billing Contact):

_____

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 (Shipping 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.

7. How did you hear about us?

_____

_____

8. 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 – M3 – S2 Only

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

INSTITUTION NAME_____

CLIA # _____

2026 AAB-MLE Order Form

2026 Programs Order Form Prorated 1 Event – M3 – S2 Only

Cat #	Program Module Description	X	Price	Total
	Point of Care Waived Tests			
542	Fecal Occult Blood		$ 56	
537	Fecal Occult Blood - Add-On (with 530, 531 only)		$ 41	
538	KOH Slides		$ 74	
534	Provider Performed Microscopy (PPM)		$ 57	
535	PPM - Add-On (with 530, 531 or 532 only)		$ 21	
531	Urinalysis Dipstick		$ 48	
530	Urinalysis Module		$ 58	
541	Urine hCG		$ 43	
540	Urine hCG - Add-On (with 530, 531 only)		$ 15	
539	Urine Microalbumin/Creatinine		$ 120	
536	Urine Microalbumin/Creatinine - Add-On (with 530, 531 only)		$ 41	
550	Urine Pregnancy - 2 vial		$ 57	
532	Urine Sediment Identification		$ 52	
533	Urine Sediment Identification - Add-On (with 531 or 534 only)		$ 16	
	Chemistry			
874	Adulterated Urine - Add-On (with 868 only)		$ 41	
836	Ammonia		$ 74	
857	Anti-Muellerian Hormone (AMH) (***1st and 3rd events only***)		$ 337	
847	Blood Gases (2 sets)		$ 139	
838	Blood Lead - Waived		$ 90	
845	Cardiac Markers		$ 145	
810	Chemistry Module		$ 155	
813	Comprehensive Metabolic Profile		$ 119	
860	Endocrinology 1		$ 144	
863	Endocrinology 2		$ 123	
873	Ethyl Glucuronide - Add-On (with 868 only)		$ 35	
858	Fertility Testing		$ 113	
875	Fluids Chemistry		$ 96	
852	Glycohemoglobin		$ 144	
851	Glycohemoglobin, Afinion		$ 88	
850	Glycohemoglobin - Waived		$ 83	
818	i-STAT Chemistry		$ 110	
832	i-STAT Creatinine - Waived		$ 76	
811	Lipid Panel/Glucose - Waived		$ 75	
829	Lipid Profile		$ 101	
841	Neonatal/Direct Bilirubin		$ 91	
861	PSA		$ 92	
835	Serum Alcohol/Ketones		$ 101	
865	Serum hCG		$ 156	
866	Serum hCG - Add-On (with 810, 813, 818, 824 only)		$ 42	
854	SHBG/Free Testosterone		$ 133	
	COLUMN 1		**Subtotal**	

Cat #	Program Module Description	X	Price	Total
	Chemistry - continued			
830	Therapeutic Drug Monitoring		$ 94	
831	Therapeutic Drugs - Add-On (with 810 only)		$ 33	
864	Thyroid Antibodies		$ 102	
824	Thyroid Profile		$ 102	
844	Total Protein		$ 98	
862	Tumor Markers		$ 189	
872	Urine Chemistry		$ 96	
868	Urine Drug Screen		$ 98	
812	Waived Chemistry Panel		$ 92	
870	Whole Blood Glucose		$ 111	
871	Whole Blood Glucose - Waived		$ 71	
	Hematology			
231	Blood Cell Identification		$ 55	
230	Blood Cell Identification - Add-On (with 223 through 229)		$ 22	
224	Hematology - Sysmex 3-Part Diff		$ 123	
225	Hematology with 3-Part Diff		$ 119	
229	Hematology with 5 or 6-Part Diff - Sysmex		$ 137	
226	Hematology with 5-Part Diff		$ 137	
223	Hematology with 5-Part Diff - Abbott Cell Dyn		$ 137	
228	Hematology with 5-Part Diff - AcT 5 and Pentra		$ 137	
227	Hematology with 5-Part Diff - DxH 500 Series		$ 137	
215	Hemoglobin/Glucose - HemoCue		$ 74	
213	Hemoglobin/Hematocrit - Waived		$ 70	
212	Hemoglobin/Hematocrit/WBC		$ 95	
240	Reticulocyte Count		$ 94	
247	Sedimentation Rate		$ 74	
246	Sedimentation Rate, ALCOR iSED		$ 114	
248	Sedimentation Rate, Rapid		$ 74	
249	Sickle Cell Screen		$ 80	
	Coagulation			
330	CoaguChek XS Plus Prothrombin Time		$ 125	
331	CoaguChek XS Plus Prothrombin Time - Waived		$ 83	
320	Coagulation Module		$ 91	
324	Roche CoaguChek XS INR - Waived		$ 83	
	Immunohematology			
451	ABO & Rh Factor		$ 131	
452	Blood Bank 1		$ 186	
453	Blood Bank 2		$ 205	
450	D (Rh) Typing		$ 110	
454	Direct Antiglobulin Test		$ 97	
	COLUMN 2		**Subtotal**	

Institution Name: _____

CLIA # _____

2026 AAB-MLE Order Form

2026 Programs Order Form Prorated 1 Event – M3 – S2 Only

Cat #	Program Module Description	X	Price	Total
	Immunology/Serology			
782	ANA Panel		$ 111	
766	Antinuclear Antibody (ANA) Latex Methods		$ 83	
753	Anti-Streptolysin O Add-On (with 751 only)		$ 43	
764	C-Reactive Protein		$ 52	
776	C-Reactive Protein - Add-On (with 750 only)		$ 32	
773	Diagnostic Allergy		$ 137	
780	H. pylori Antibody Detection		$ 67	
765	High Sensitivity C-Reactive Protein		$ 93	
791	HIV Markers		$ 118	
790	HIV Markers - Waived		$ 74	
750	Immunology Module		$ 160	
784	Immunoproteins		$ 95	
761	Infectious Mono/Rheumatoid Factor		$ 139	
762	Infectious Mononucleosis		$ 84	
755	Infectious Mononucleosis - Waived		$ 52	
781	Mycoplasma Antibody Detection		$ 70	
793	Oral Fluid HIV Antibodies		$ 141	
763	Rheumatoid Factor		$ 84	
751	Rheumatology Module		$ 122	
771	Rubella		$ 83	
792	SARS-CoV-2 Serology		$ 116	
770	Specific Allergen Testing		$ 137	
772	Syphilis Serology		$ 90	
752	ToRCH		$ 181	
775	Viral Markers		$ 177	
	Microbiology - Cultures			
630	Bacteriology 1		$143	
640	Bacteriology 2		$132	
678	Dermatophyte Culture		$125	
646	Genital Culture		$125	
651	Miscellaneous Cultures - Add-On (with 640 - 647 only)		$75	
695	MRSA Culture		$129	
696	MRSA Culture - Add-On (with any 5 challenge culture or antigen)		$74	
694	Supplemental Blood Culture		$65	
641	Throat Culture		$125	
648	Urine Colony Count		$95	
643	Urine Culture		$125	
645	Urine/Throat Culture		$126	
	Microbiology – Non-Culture			
682	C. difficile/Rotavirus Detection		$118	
675	Chlamydia/GC/Strep B Detection		$142	
673	Chlamydia/GC Detection - Waived		$71	
683	Cryptosporidium/Giardia lamblia Antigen Detection		$131	
650	Gram Stain		$91	
686	Legionella Antigen Detection		$123	
	COLUMN 3		**Subtotal**	

Cat #	Program Module Description	X	Price	Total
	Microbiology – Non-Culture - continued			
692	OSOM Bacterial Vaginosis - Waived		$80	
665	Rapid Urease (CLO)		$69	
681	Respiratory Antigen Detection		$123	
680	Respiratory Antigen Detection - Waived		$83	
697	SARS-CoV-2 Antigen Detection		$184	
688	SARS-CoV-2 Antigen Detection - Waived		$125	
698	SARS-CoV-2 Molecular Detection		$187	
689	SARS-CoV-2 Molecular Detection - Waived		$129	
684	Shiga Toxin		$141	
660	Strep A Antigen Detection		$78	
662	Strep A Antigen Detection - Waived		$51	
687	Streptococcus pneumoniae Antigen Detection		$123	
671	Strep Complete - Molecular Methods		$118	
693	Trichomonas vaginalis - Waived		$160	
668	Vaginosis Screen		$157	
685	Viral Respiratory Panel - Molecular Methods		$229	
	Parasitology			
691	Parasitology		$142	
690	PVA Slides - Add-On (with 691)		$75	
	Andrology, Embryology & Fetal Tests – S2 Only			
978	Antisperm Antibodies		$161	
984	Embryo Grading		$181	
983	Fetal Fibronectin (fFN)		$241	
975	Fetal Membrane Rupture		$218	
976	IVF Embryology Culture Media		$279	
977	Preimplantation Genetic Testing - Aneuploidy		$530	
979	Sperm Count, Qualitative/Post-vasectomy		$161	
980	Sperm Count, for Quantitative and Qualitative		$175	
981	Sperm Morphology		$178	
985	Sperm Motility		$182	
982	Sperm Viability		$178	
	Specialty PPM and POC			
902	Basic Waived and PPM Package		$116	
901	Waived and PPM Package		$132	
903	Whole Blood Glucose, EQAS (Multi-Site)		$93	
	COLUMN 4		**Subtotal**	
	COLUMN 3		**Subtotal**	
	COLUMN 2		**Subtotal**	
	COLUMN 1		**Subtotal**	
			Total Program Order	
	Annual Registration			**$95**
	Single Program Surcharge		*If applicable*	**$25**
	Non-Continental US Shipping Charge		*If applicable*	**$40**
	Total Payment Due			