MEDICAL LABORATORY EVALUATION
A SERVICE OF THE AMERICAN ASSOCIATION OF BIOANALYSTS

2027 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.

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

INSTITUTION NAME_____

CLIA # _____

2027 AAB-MLE Order Form

2027 Programs Order Form

Cat #	Program Module Description	X	Price	Total
	Point of Care Waived Tests			
542	Fecal Occult Blood		$ 183	
537	Fecal Occult Blood - Add-On (with 530, 531 only)		$ 132	
538	KOH Slides		$ 237	
534	Provider Performed Microscopy (PPM)		$ 186	
535	PPM - Add-On (with 530, 531 or 532 only)		$ 69	
531	Urinalysis Dipstick		$ 159	
530	Urinalysis Module		$ 192	
541	Urine hCG		$ 144	
540	Urine hCG - Add-On (with 530, 531 only)		$ 45	
539	Urine Microalbumin/Creatinine		$ 195	
536	Urine Microalbumin/Creatinine - Add-On (with 530, 531 only)		$ 132	
550	Urine Pregnancy - 2 vial		$ 186	
532	Urine Sediment Identification		$ 171	
533	Urine Sediment Identification - Add-On (with 531 or 534 only)		$ 54	
	Chemistry			
874	Adulterated Urine - Add-On (with 868 only)		$ 132	
836	Ammonia		$ 240	
857	Anti-Muellerian Hormone (AMH) (***1st and 3rd events only***)		$ 740	
847	Blood Gases (2 sets)		$ 459	
838	Blood Lead - Waived		$ 288	
845	Cardiac Markers		$ 465	
810	Chemistry Module		$ 489	
813	Comprehensive Metabolic Profile		$ 381	
860	Endocrinology 1		$ 453	
863	Endocrinology 2		$ 390	
873	Ethyl Glucuronide - Add-On (with 868 only)		$ 114	
858	Fertility Testing		$ 360	
875	Fluids Chemistry		$ 303	
852	Glycohemoglobin		$ 456	
851	Glycohemoglobin, Afinion		$ 282	
850	Glycohemoglobin - Waived		$ 267	
849	hs-Troponin I – POC (for i-STAT)		$ 480	
818	i-STAT Chemistry		$ 348	
832	i-STAT Creatinine - Waived		$ 246	
811	Lipid Panel/Glucose - Waived		$ 243	
829	Lipid Profile		$ 327	
841	Neonatal/Direct Bilirubin		$ 291	
861	PSA		$ 297	
835	Serum Alcohol/Ketones		$ 327	
865	Serum hCG		$ 252	
866	Serum hCG - Add-On (with 810, 813, 818, 824 only)		$ 135	
854	SHBG/Free Testosterone		$ 417	
	COLUMN 1		**Subtotal**	

2027 Programs Order Form

Cat #	Program Module Description	X	Price	Total
	Chemistry - continued			
830	Therapeutic Drug Monitoring		$ 306	
831	Therapeutic Drugs - Add-On (with 810 only)		$ 108	
864	Thyroid Antibodies		$ 324	
824	Thyroid Profile		$ 330	
844	Total Protein		$ 315	
862	Tumor Markers		$ 591	
872	Urine Chemistry		$ 303	
868	Urine Drug Screen		$ 315	
812	Waived Chemistry Panel		$ 294	
870	Whole Blood Glucose		$ 354	
871	Whole Blood Glucose - Waived		$ 231	
	Hematology			
231	Blood Cell Identification		$ 180	
230	Blood Cell Identification - Add-On (with 223 through 229)		$ 69	
224	Hematology - Sysmex 3-Part Diff		$ 393	
225	Hematology with 3-Part Diff		$ 384	
229	Hematology with 5 or 6-Part Diff - Sysmex		$ 447	
226	Hematology with 5-Part Diff		$ 447	
223	Hematology with 5-Part Diff - Abbott Cell Dyn		$ 447	
228	Hematology with 5-Part Diff - AcT 5 and Pentra		$ 447	
227	Hematology with 5-Part Diff - DxH 500 Series		$ 447	
215	Hemoglobin/Glucose - HemoCue		$ 237	
213	Hemoglobin/Hematocrit - Waived		$ 225	
212	Hemoglobin/Hematocrit/WBC		$ 309	
240	Reticulocyte Count		$ 297	
247	Sedimentation Rate		$ 234	
246	Sedimentation Rate, ALCOR iSED		$ 357	
248	Sedimentation Rate, Rapid		$ 237	
249	Sickle Cell Screen		$ 255	
	Coagulation			
330	CoaguChek XS Plus Prothrombin Time		$ 396	
331	CoaguChek XS Plus Prothrombin Time - Waived		$ 267	
320	Coagulation Module		$ 291	
324	Roche CoaguChek XS INR - Waived		$ 267	
	Immunohematology			
451	ABO & Rh Factor		$ 408	
452	Blood Bank 1		$ 573	
453	Blood Bank 2		$ 630	
450	D (Rh) Typing		$ 345	
454	Direct Antiglobulin Test		$ 300	
	COLUMN 2		**Subtotal**	

2027 AAB-MLE Order Form

Institution Name: _____

CLIA # _____

2027 Programs Order Form

Cat #	Program Module Description	X	Price	Total
	Immunology/Serology			
782	ANA Panel		$ 351	
766	Antinuclear Antibody (ANA) Latex Methods		$ 264	
753	Anti-Streptolysin O Add-On (with 751 only)		$ 138	
764	C-Reactive Protein		$ 171	
776	C-Reactive Protein - Add-On (with 750 only)		$ 102	
773	Diagnostic Allergy		$ 423	
780	H. pylori Antibody Detection		$ 216	
765	High Sensitivity C-Reactive Protein		$ 297	
791	HIV Markers		$ 375	
790	HIV Markers - Waived		$ 240	
750	Immunology Module		$ 501	
784	Immunoproteins		$ 303	
761	Infectious Mono/Rheumatoid Factor		$ 438	
762	Infectious Mononucleosis		$ 267	
755	Infectious Mononucleosis - Waived		$ 165	
781	Mycoplasma Antibody Detection		$ 225	
793	Oral Fluid HIV Antibodies		$ 444	
763	Rheumatoid Factor		$ 267	
751	Rheumatology Module		$ 384	
771	Rubella		$ 264	
792	SARS-CoV-2 Serology		$ 360	
770	Specific Allergen Testing		$ 432	
772	Syphilis Serology		$ 288	
752	ToRCH		$ 564	
775	Viral Markers		$ 552	
	Microbiology - Cultures			
630	Bacteriology 1		$450	
640	Bacteriology 2		$417	
678	Dermatophyte Culture		$396	
646	Genital Culture		$396	
651	Miscellaneous Cultures - Add-On (with 640 - 647 only)		$234	
695	MRSA Culture		$408	
696	MRSA Culture - Add-On (with any 5 challenge culture or antigen)		$237	
694	Supplemental Blood Culture		$207	
641	Throat Culture		$396	
648	Urine Colony Count		$306	
643	Urine Culture		$396	
645	Urine/Throat Culture		$399	
	Microbiology – Non-Culture			
682	C. difficile/Rotavirus Detection		$375	
675	Chlamydia/GC/Strep B Detection		$459	
673	Chlamydia/GC Detection - Waived		$231	
683	Cryptosporidium/Giardia lamblia Antigen Detection		$438	
650	Gram Stain		$300	
686	Legionella Antigen Detection		$390	
	COLUMN 3		**Subtotal**	

2027 Programs Order Form

Cat #	Program Module Description	X	Price	Total
	Microbiology – Non-Culture - continued			
692	OSOM Bacterial Vaginosis - Waived		$261	
665	Rapid Urease (CLO)		$228	
681	Respiratory Antigen Detection		$387	
680	Respiratory Antigen Detection - Waived		$261	
697	SARS-CoV-2 Antigen Detection		$567	
688	SARS-CoV-2 Antigen Detection - Waived		$393	
698	SARS-CoV-2 Molecular Detection		$576	
689	SARS-CoV-2 Molecular Detection - Waived		$405	
684	Shiga Toxin		$444	
660	Strep A Antigen Detection		$255	
662	Strep A Antigen Detection - Waived		$171	
687	Streptococcus pneumoniae Antigen Detection		$390	
671	Strep Complete - Molecular Methods		$375	
693	Trichomonas vaginalis - Waived		$261	
668	Vaginosis Screen		$492	
685	Viral Respiratory Panel - Molecular Methods		$708	
	Parasitology			
691	Parasitology		$489	
690	PVA Slides - Add-On (with 691)		$228	
	Andrology, Embryology & Fetal Tests			
978	Antisperm Antibodies		$350	
984	Embryo Grading		$380	
983	Fetal Fibronectin (fFN)		$510	
975	Fetal Membrane Rupture		$464	
976	IVF Embryology Culture Media		$594	
977	Preimplantation Genetic Testing - Aneuploidy		$1088	
979	Sperm Count, Qualitative/Post-vasectomy		$350	
980	Sperm Count, for Quantitative and Qualitative		$378	
981	Sperm Morphology/ID		$384	
985	Sperm Motility		$382	
982	Sperm Viability		$384	
	Specialty PPM and POC			
902	Basic Waived and PPM Package		$372	
901	Waived and PPM Package		$432	
903	Whole Blood Glucose, EQAS (Multi-Site)		$297	
	COLUMN 4		**Subtotal**	
	COLUMN 3		**Subtotal**	
	COLUMN 2		**Subtotal**	
	COLUMN 1		**Subtotal**	
	Total Program Order			
	Annual Registration			**$195**
	M Shipment Non-Continental US Shipping Charge		*If applicable*	**$120**
	S Shipment Non-Continental US Shipping Charge		*If applicable*	**$80**
	Total Payment Due			