STRONGERTOGETHER

ASCP Case Reports

(Formerly CheckSample)

Final Notice: Access to your exercises is now available. Activation instructions included!

CheckSample has been improved!

Starting today, you can track your staff's use of education and document compliance all in one location. We are extending a special offer to CheckSample customers (new name – Case Reports). Another change is more convenient pricing for labs with many participants.

Ways to place your 2013 order:

Option 1

Credit Card

Call in your order to: 800.267.2727, option 2, option 4
Monday–Friday (8am–5pm CT). Outside the US 312.541.4890.

Option 2

Fax*

FAX TO: **312.541.4472** Please include email address, telephone and transmit a copy of your purchase order.

Option 3

Mail*

Send check payable to ASCP, to 3462 Eagle Way, Chicago, IL 60678-1034.

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ASCP
3462 Eagle Way
Chicago, IL 60678-1034
Include check payable to ASCP or purchase order.

Yes! I'm ready to activate my 2013 order and access my exercises immediately.

PRODUCT # exercises	Institutional Package Price (up to 3 participants per section)	Institutional Package Price (4–20 participants*)	
☐ CS Clinical Chemistry 8 (CSCC13)	$ 299.00	$ 399.00	$_____
☐ CS Complete Package 60 (CSCM13)	$ 2,223.10	$ 2,799.00	$_____
☐ CS Cytopathology 8 (CSCY13)	$ 299.00	$ 399.00	$_____
☐ CS Forensic Pathology 8 (CSFP13)	$ 299.00	$ 399.00	$_____
☐ CS Hematopathology 8 (CSHP13)	$ 299.00	$ 399.00	$_____
☐ CS Microbiology 8 (CSMB13)	$ 299.00	$ 399.00	$_____
☐ CS Surgical Pathology 12 (CSSP13)	$ 449.00	$ 549.00	$_____
☐ CS Transfusion Medicine 8 (CSTM13)	$ 299.00	$ 399.00	$_____
☐ Informatics package 8 (CSPI13)	$ 299.00	$ 399.00	$_____
		Grand Total	$_____

Call for price for over 20 participants

Participant Name/Product(s)	ASCP Number	Email address

How to Access Content:

Please provide Laboratory Administrator's contact information in order to allow access to content in 2013.

Name: _____ ASCP Member ID (if available): ☐☐☐☐☐☐☐☐

Email address: _____

Phone: _____

SHIP CUSTOMER #	BILL CUSTOMER #	PROMO CODE #

Please verify your shipping and billing information. Indicate any changes.

SHIPPING ADDRESS:

BILLING ADDRESS:

Purchase Order Number (please attach a copy of the purchase order) _____

Contact Person _____

E-mail (required) _____

Phone _____ Fax _____

☐ I want to pay by credit card. Please call me at _____

Date/Time _____

Please Fax to: 312.541.4472 or email ascpassessment@ascp.org to ensure your site is set up online for 2013.