American Society for Clinical Pathology

ASCP GYN PROFICIENCY TESTING (PT)
ASCP GYN PT and LAB COMPARISON™

2009 Program Order Form

Program	Price
GYN PT 2009 (PT09)	**$995**
GYN PT & Lab Comparison 2009 (PTLC09) GYN PT + one shipment of 12 GYN cases for Lab Comparison with target answers & statistics	**$1,350**

TEST DATE & PREP TYPE CHOICE

Please indicate your top three dates (month/day) in order of preference for your 2009 ASCP **GYN PT Testing**. Testing will be scheduled for ONE of these dates:

2009 1._____ 2._____ 3._____

If choosing **PT & Lab Comparison***, please indicate in order of preference your date for the single shipment of Lab Comparison:

2009 1._____ 2._____ 3._____

Prep Type: ☐ Thin Prep ☐ Sure Path ☐ Conventional

*Lab Comparison is only one way to meet CAP LAP accreditation requirements. For a more in-depth education program, consider ASCP GYN Assessment. For more information, check the web at www.ascp.org.

PROGRAM FEE $_____

Total participant Fee = (# of participants) _____ X $75 $_____

Recording Fee for each additional CLIA GYN Certificate _____ X $500 $_____

Grand Total - All Fees $_____

ASCP will follow-up for proctor and participant information.

ASCP Proctors are available for an additional fee.

Enrollment Information

Order by Phone
800.267.2727, option 2
(outside the U.S., 312.541.4890)
Mon-Fri (8:00am–5:00pm CT)
Please have your email address and credit card available.

Order by Fax
317.569.0221
Please include email address & credit card information or transmit a copy of your purchase order with order form.

Order by Mail
ASCP
3462 Eagle Way
Chicago, IL 60678-1034
Include email address, credit card information, a check payable to ASCP, or a purchase order.

Information Online
www.ascp.org/proficiencytesting

Shipping Information

Laboratory Director Name

Institution

CLIA #:

CAP Accreditation No (if using for CAP LAP purposes):

Address

City State Zip

Email (required)

Phone Fax

Ordering and Payment Information

If you have an ASCP ID, enter it in the boxes below as it appears on your membership card. It begins with a zero. Prepayment by check, credit card, or purchase order is required in order to process your order.

0 ☐☐☐☐☐☐☐ **MARKET CODE**

☐ Check enclosed (please make payable to ASCP)

☐ Purchase order number (please attach copy of the purchase order)

Please charge to: ___Visa ___ MasterCard ___ AMEXAccount #

Expiration Date Phone

Signature

Billing Information

Contact Name

Institution

Address

City State Zip

Email (required)

Phone Fax