

## Time to Renew Your CheckPath Order for 2018!

Meet requirements for MOC Part II (CME and SAMs CME credits) and Part IV!

### CheckPath offers:

- Cases that reflect your daily practice
- NEW! Immediate response turnaround
- Meets CAP LAP accreditation requirement for interlaboratory comparison
- Select the All Virtual Option and receive your cases up to 7 days early!

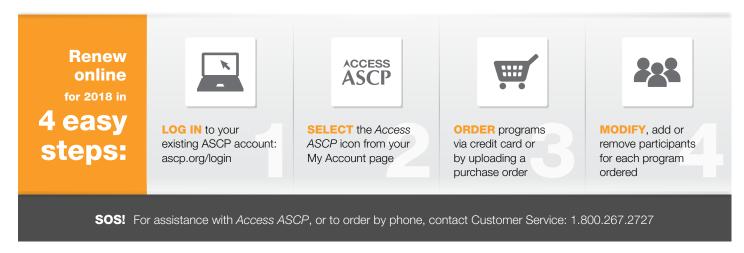
	Traditional CheckPath	Virtual Materials with Glass Slides	All Virtual Materials
Program	\$799	\$699	\$599
Per Participant	\$90	\$90	\$90

## Three Options to receive CheckPath:

- Traditional CheckPath
- Virtual Materials with Glass Slides
  Go online for materials that accompany glass slides which will be sent to you
- All Virtual Materials

### You choose the option best for you!

Note: No glass slides available for CheckPath Clinical Pathology



# Get more glass slide cases!

Because you ordered CheckPath, your lab may also benefit from ASCP Cytology Assessment products. Visit ascp.org/cytologyassessment to learn more.



## By Fax:

Fax to **317.569.0221** and transmit a copy of your purchase order.

### By Phone: 800.267.2727

Sounday–Friday (8am–6pm ET) (Outside the US 312.541.4848) Please have credit card information ready.

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

YES! Please renew my CheckPath subscription for 2018 as indicated.

Product Name	Price	Quantity	# of Participant	s Price x Quantity	Last year's order:	
☐ Anatomic Pathology (CPAN18-GLASS)		\$799		\$		
☐ Clinical Pathology (CPCL18)		\$799		\$		
☐ Hematopathology (CPHM18-GLASS)		\$799		\$		
☐ Anatomic Pathology Virtual (CPAN18-VI	RTUAL)	\$599		\$		
☐ Clinical Pathology Virtual (CPCL18-VIR		\$599				
☐ Hematopathology Virtual (CPHM18-VIR		\$599		\$		
<ul><li>□ Virtual Materials with Glass Slides</li><li>□ CPAN18-VGLASS</li><li>□ CPHM18-VGLASS</li></ul>		\$699		\$		
	Tota	al # of participa	ants x \$90 ¡	per program = \$		
				Grand Total \$		
				Ψ		
Participant Name						
SHIP CUSTOMER #	BILL CU	ISTOMER #				
Please verify your shipping and billing	g informat	t <b>ion.</b> Indicate	any changes.			
		Puro	hase Order Number (please attach a co	py of the purchase order)		
SHIPPING ADDRESS: BILLING ADDRESS:		INLOG:	Con	tact Person		
			<u>E-m</u>	ail (required)		
			Pho		Fax	
					ase call me at	