

Program	Price/Program	Quantity	# of Participants/Program	Program Price x Quantity
<input type="checkbox"/> GYN Proficiency Testing 2019 (PT19-GLASS)	\$995	_____	_____	\$ _____
<input type="checkbox"/> GYN PT and Lab Comparison 2019 (PTLC19) <i>(GYN PT + one shipment of 12 high-quality glass slides with comparative results & statistics)</i>	\$1,350	_____	_____	\$ _____
Participant Fee (PT-GLASS-PART): Total # of Participants for PT _____ x \$90 = (enter amount) >				\$ _____
Subtotal:				\$ _____
Recording Fee (PTCLIA19) for each additional CLIA GYN Certificate _____ x \$500				\$ _____
Grand Total				\$ _____

Please mark your desired day to ensure your preferred testing.

2019: 1. ☐☐ / ☐☐ 2. ☐☐ / ☐☐

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

2019: 1. ☐☐ / ☐☐ 2. ☐☐ / ☐☐

Prep Type: ☐ ThinPrep ☐ SurePath ☐ Conventional

Please indicate the anticipated total number of screeners for the Prep Type Selected Above.

☐ **Primary Screeners** ☐ **Secondary Screeners**

Please select the OPTION you wish to use for your 2019 GYN PT test:

☐ **Online GYN PT Proctor Portal**
(same day results) ☐ **Manual GYN PT process**
(results within 7 business days)

*Lab Comparison is only one way to meet CAP LAP accreditation requirements, and offers up to 6.0 CME/CMLE credits. For a more in-depth education program, consider ASCP GYN Assessment. For more information, check the web at ascp.org.

CAP Accreditation #
 (If using for CAP LAP purposes): _____

CLIA #: _____

Lab Director Name: _____

Proctor #1 Name: _____

Proctor Phone: _____

Fax: _____

Proctor Email: _____

ASCP will follow-up for additional proctor and participant information.
 ASCP Proctors are available for an additional fee.

SHIP CUSTOMER #

BILL CUSTOMER #

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 verify your shipping and billing information.

Indicate any changes.

SHIPPING ADDRESS:

BILLING ADDRESS:

Important!

For your protection, ASCP no longer gathers credit card info via mail or fax. Please call to give ASCP your credit card information.