

Return to CheckPath for 2016!

Receive high-quality
glass slide cases
- PLUS -
Online access to the same
cases in virtual format

ASCP CheckPath delivers high-quality glass slide cases with clinical histories delivered each quarter, plus peer-reviewed interpretations for each case and demographically-based lab and individual peer-to-peer comparison reports.



Submit this form to get started

or visit ascp.org/checkpath to learn more.

All Virtual Option—Now you can choose to receive your cases electronically throughout the year, with high-resolution virtual slides and an easy online answer submission process.



Have you tried Access ASCP? It's your 1-stop online tool for managing your lab CE and assessment programs and participants. You'll receive login information for Access ASCP once your 2016 order is placed, allowing you to add or modify participants at any point throughout the year.

Choose from 3 programs:

Anatomic Pathology, Hematopathology, and Clinical Pathology

CheckPath offers:

- Cases that reflect your daily practice
- 48 hour response turnaround
- Meets CAP LAP accreditation requirements for interlaboratory comparison
- Receive CME and SAMs CME credits for MOC Part II, and meets requirements for MOC Part IV

	CheckPath 2016	All Virtual Option
Program	\$799	\$699
Per Participant	\$85	\$85



STRONGERTOGETHER



CHECKPATH™

By Fax:

Fax to **312.541.4472**
and transmit a copy of
your purchase order.

By Phone:

800.267.2727
Monday–Friday (8am–5pm CT)
(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.

Product Name	Price	Quantity	# of Participants	Price x Quantity
<input type="checkbox"/> Anatomic Pathology (CPAN16)	\$799	_____	_____	\$ _____
<input type="checkbox"/> Clinical Pathology (CPCL16)	\$799	_____	_____	\$ _____
<input type="checkbox"/> Hematopathology (CPHM16)	\$799	_____	_____	\$ _____
<input type="checkbox"/> Anatomic Pathology Virtual (CPVAN16)	\$699	_____	_____	\$ _____
<input type="checkbox"/> Clinical Pathology Virtual (CPVCL16)	\$699	_____	_____	\$ _____
<input type="checkbox"/> Hematopathology Virtual (CPVHM16)	\$699	_____	_____	\$ _____

Total # of participants _____ x \$85 per program = \$ _____

Grand Total \$ _____

ASCP will follow up for participant information.

SHIP CUSTOMER #	BILL CUSTOMER #
Please include 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 _____
	<input type="checkbox"/> I want to pay by credit card. Please call me at _____
	Date/Time _____