

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

By Phone:
 317.569.9470
 Monday-Friday (8am-5pm 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.

Program	Price/Program	Quantity	# of Participants	Program Price x Quantity
<input type="checkbox"/> GYN Proficiency Testing 2021 (PT21-GLASS)	\$ _____	_____	_____	\$ _____
<input type="checkbox"/> GYN PT and Lab Comparison 2021 (PTLC21) <i>(GYN PT + one shipment of 12 high-quality glass slides with comparative results & statistics)</i>	\$ _____	_____	_____	\$ _____
Participant Fee (PT-GLASS-PART): Total # of Participants for PT _____ x \$ _____ =				\$ _____
Recording Fee (PTCLIA21) for each additional CLIA GYN Certificate _____ x \$ _____ =				\$ _____
Grand Total				\$ _____

Please mark your desired day to ensure your preferred testing.
 2021: 1. / 2. /

If choosing **PT & Lab Comparison***, please indicate in order of preference your date for the single shipment of Lab Comparison:
 2021: 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 2021 GYN PT test:

Online GYN PT Proctor Portal
(same day results)

Manual GYN PT process
(results within 7 business days)

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 #** _____

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

<p>SHIPPING ADDRESS:</p>	<p>BILLING ADDRESS:</p>	<p>Purchase Order Number (please attach a copy of the purchase order) _____</p> <p>Contact Person _____</p> <p>E-mail (required) _____</p> <p>Phone _____ Fax _____</p> <p><input type="checkbox"/> I want to pay by credit card. Please call me at _____</p> <p>Date/Time _____</p>
---------------------------------	--------------------------------	---

*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.

PT1-CS-21-WEB