

**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	Program Price x Quantity
<input type="checkbox"/> <b>GYN Proficiency Testing 2022</b> (PT22-GLASS)	\$1,099	_____	_____	\$ _____
<input type="checkbox"/> <b>GYN PT and Lab Comparison 2022</b> (PTLC22) <i>(GYN PT + one shipment of 12 high-quality glass slides  with comparative results &amp; statistics)</i>	\$1,499	_____	_____	\$ _____
<b>Participant Fee</b> (PT-GLASS-PART): Total # of Participants for PT _____ x \$95.29 = (enter amount) >				\$ _____
				<b>Subtotal:</b> \$ _____
Recording Fee (PTCLIA22) for each additional CLIA GYN Certificate _____ x \$500				\$ _____
<b>Grand Total</b>				<b>\$</b> <span style="border: 1px solid black; padding: 2px 20px;">_____</span>

Please mark your desired day to ensure your preferred testing.

2022: 1.  /       2.  /

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

2022: 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 2022 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.