ASCP GYN PT™

By Fax:
Fax to **312.541.4472**
and transmit a copy of
yourpurchase order.

By Phone:
800.267.2727
Monday–Friday (8am–5pm CT)
(Outside the US 312.541.4890)
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
☐ **GYN Proficiency Testing 2015** (PT15)	$995	_____	_____	$ _____
☐ **GYN PT and Lab Comparison 2015** (PTLC15) *(GYN PT + one shipment of 12 high-quality glass slides with comparative results & statistics)*	$1,350	_____	_____	$ _____

Participant Fee (PTPART15)**:** Total # of Participants for PT _____ x $85 = (enter amount) $ _____

Subtotal: $ _____

Recording Fee (PTCLIA15) for each additional CLIA GYN Certificate _____ x $500 $ _____

Grand Total - All Fees $_____

TEST DATE & PREP TYPE CHOICE

Indicate your preferred testing date

2015: 1. ☐☐ / ☐☐ 2. ☐☐ / ☐☐

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

2015: 1. ☐☐ / ☐☐ 2. ☐☐ / ☐☐

Prep Type: ☐ **ThinPrep** ☐ **SurePath** ☐ **Conventional**

*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 www.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 #**

Please verify 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 _____

☐ I want to pay by credit card. Please call me at _____

Date/Time _____

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