

By Fax: Fax to **317-569-0221** and transmit a copy of your purchase order.

By Phone: 800.267.2727

Monday–Friday (8:30am-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.

Yes! I'm ready to renew my ASCP Case Reports order for 2022 as indicated.

Series Selection	Institutional Package Price (up to 3 participants per section)	Institutional Package Price (4–20 participants*)	
Clinical Chemistry 6 (CSCC22)	\$299.00	\$399.00	\$
Cytopathology 6 (CSCY22)	\$299.00	\$399.00	\$
Forensic Pathology 6 (CSFP22)	\$299.00	\$399.00	\$
Hematopathology 6 (CSHP22)	\$299.00	\$399.00	\$
Microbiology 6 (CSMB22)	\$299.00	\$399.00	\$
Surgical Pathology 6 (CSSP22)	\$449.00	\$549.00	\$
Transfusion Medicine 6 (CSTM22)	\$299.00	\$399.00	\$
Renal Pathology 6 (CSRP22)	\$299.00	\$399.00	\$
8-Series Package 48 (CSCM22)	\$2,199.00	\$2,799.00	\$
*Call for price for over 20 participants		Grand Total	\$

Participant Name/Produ	uct(s)				
Doguired Admi	inistrator Information				
Required Administrator Information					
Please provide Laboratory Administrator's contact information in order to allow access to content in 2022.					
	ame: ASCP Member ID (if available):				
Phone:					
SHIP CUSTOMER #	BILL CUSTOMER #				
Diago verify your shinning	and hilling information Indicate on a				
riease verily your simpling	g and billing information . Indicate any cl				
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			
		Please 317-569-0221 to ensure your			
		Fax to: site is set up online for 2022			