



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.

Series Selection	Price	Quantity	# of Participants	Quantity x Price
<input type="checkbox"/> GYN Proficiency Testing 2024 (PT24-GLASS)	\$1,099.00	_____	_____	\$ _____
<input type="checkbox"/> GYN PT and Lab Comparison 2024 (PTLC24) <i>(GYN PT + one shipment of 12 high-quality glass slides with comparative results & statistics)</i>	\$1,499.00	_____	_____	\$ _____
PARTICIPATION FEE (PT-GLASS-PART): Total # of Participants for PT _____ x \$109				\$ _____
RECORDING FEE (PTCLIA24) for each additional CLIA GYN Certificate _____ x \$500				\$ _____
Grand Total				\$ _____

Please mark your desired day to ensure your preferred testing.
2024 1. / 2. /

If choosing PT & Lab Comparison*, please indicate in order of preference your date for the single shipment of Lab Comparison:
2024 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 2024 GYN PT test:
 Online GYN PT Proctor Portal **Manual GYN PT process**
(same day results) (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.

**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.*

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