



465 Henry Mall, Madison, WI 53706
 Ph: (800) 462-5261 fax: (608) 265-1111
 www.wslhpt.org

WSLH ID Number: **SL**
 (Fill in only if a returning customer)

2009 Proficiency Testing Enrollment Form

Demographic Information	Ship Samples To	Send Evaluations/ Reports To <i>Check here if this information is the same as the Samples Information</i>	Send Bills/ Invoices To <i>Check here if this information is the same as the Samples Information</i>
Facility Name			
Contact Name			
Department, Room, Suite, etc.			
Street Address			
City			
State & Zip			
Country (if other than U.S.)			
Phone Number	()	()	()
fax Number	()	()	()
e-mail Address (please print)			

Method of Payment:

Please Bill Me

Purchase Order # _____ to list on invoice
 (if applicable)

Visa/MC accepted. For security reasons please do not list the credit card number on this form. Call 1-800-862-1065 with credit card information **after invoice is received.**

Please indicate the type of testing site for this order:

- | | |
|---|---|
| <input type="checkbox"/> POL (physician's office) | <input type="checkbox"/> Independent Lab |
| <input type="checkbox"/> Sm clinic lab (3-6 physicians) | <input type="checkbox"/> Veterans Administration |
| <input type="checkbox"/> Med clinic lab (6-20 physicians) | <input type="checkbox"/> Federal (armed forces, prison) |
| <input type="checkbox"/> Lg clinic lab (20+ physicians) | <input type="checkbox"/> Screening/ Wellness/Pharmacy |
| <input type="checkbox"/> Sm Hosp lab (<100 beds) | <input type="checkbox"/> Research |
| <input type="checkbox"/> Med Hosp lab (100-350 beds) | <input type="checkbox"/> Home health/nursing home |
| <input type="checkbox"/> Lg Hosp main lab (350+ beds) | <input type="checkbox"/> Manufacturer of clinical instruments/reagents/kits |
| <input type="checkbox"/> POCT site | <input type="checkbox"/> Veterinary Lab |
| <input type="checkbox"/> Public Health Lab | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Student Health Lab | |

No Cost Management Services:

Fill in this information if a copy of PT reports needs to go to a medical director, lab manager, technical consultant or POCT coordinator **who is not listed above**. Refer to page 20 of the catalog for detailed information on these services.

DO NOT list inspecting/accrediting agencies or repeat the "Reports to" information listed above.

 Consultant Name

 Street

 City State Zip

 Phone Fax

 E-Mail Address (please print)

Please send next year's re-order form to person listed here instead of the testing site

Please send a copy of Enrollment Confirmation

E-Mail COMMUNICATION OPTIONS

Important Note: Our database supports one e-mail address for option 1 and one e-mail address for options 2 – 4. Either e-mail address can be selected for option 4. Information on how to set up an e-mail Inbox to auto-forward our e-mail messages to additional staff is available. Please contact our customer service staff (800-462-5261) or log onto our website (www.wslhpt.org) and select the “News” menu item.

Place a checkmark by the option(s) below. If e-mail communication is unreliable or not desired, this page can be omitted.

___ **Option #1:** PT Shipment Notifications

Notification that a shipment is en route after PT packages have been released to couriers will be sent to the e-mail address listed for the “ship samples to” e-mail listed on page 1.

___ **Option #2:** Due Date Notifications

Several days prior to the date results are due, customers whose data has not been checked into our system receive a deadline reminder. These notifications will be sent to the e-mail address listed for the “send reports to” contact on page 1.

___ **Option #3:** Report Release Notifications

Customers receive e-mail notification when new reports have been released and are available online by using your WSLH PT portal account. The portal account request form will be provided in your enrollment confirmation packet after your order has been processed. These notifications will be sent to the e-mail address listed for the “send reports to” contact on page 1.

___ **Option #4:** General correspondence

Delivery of customer surveys and information regarding new services added mid-year will be delivered via e-mail. WSLH PT understands the value of our customers’ time and will limit this type of correspondence.

Please indicate which e-mail address should be used for general correspondence: ___ “Ship to” or ___ "Reports to"

In addition to e-mail options, customers can request an online (portal) account to give them access to a secure area on our website. This site allows the customer to view/download/print PT reports and enter results online. If interested, please fill out and submit the Portal Account Request Form.

ACCREDITATION INFORMATION

CLIA I.D. Number

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WSLH PT is legally obligated by CLIA '88 to provide proficiency testing [PT] scores to your accrediting agency. Rules governing what scores to send vary depending on accrediting agency and/or the state in which testing facilities are located. Therefore it is extremely important that we have information on file which defines for us which scores to transmit. Please answer the following questions:

1. Check which accreditation agency is responsible for monitoring the testing done at this site (e.g. performs on-site surveys)?

AOA - HFAP

CAP **LAP** (CAP ID#) is: _____ [this number *must be provided* for transmission of scores to the CAP Lab Accreditation Program]

Note: CAP also assigns a customer number to their PT participants. **DO NOT** list the PT number or the AU number!

CMS (state CLIA office) state ID# - **only if different from CLIA# listed above:** _____

Note: Scores for waived methods or those tests not defined in CLIA [e.g. whole blood glucose, some strep A antigen kits, urinalysis] will not be sent to CMS. Only test results for *regulated* analytes/procedures by non-waived methods are reported to CMS. However, some state laws require their lab inspectors to review scores for additional testing.

COLA ID#: _____

The Joint Commission (formerly JCAHO)

Veterans Administration – Enter Region#: _____

Diagnostic Accreditation Program (British Columbia, CANADA only)

Other; please list: _____

N/A [out-of-country, manufacturers, armed forces, veterinarians]; regulations in CLIA '88 do not apply. Your scores will not be transmitted to any accreditation agency.

2. You must provide us with authorization for transmitting scores to your accrediting agency. Some customers may enroll with 2 PT providers **for the same testing**, using one PT program for accreditation and the other for education, training or quality assurance purposes. Please select **one** of the following options to clarify your authorization:

a) We designate WSLH PT as our primary provider for the proficiency testing ordered. All applicable scores should be transmitted.

b) We have another PT provider designated to send scores for the same testing. The proficiency testing ordered from WSLH PT is used for quality assurance/educational purposes; no scores should be transmitted.

c) Our lab wishes to split the scores sent between our 2 providers. WSLH PT is to send scores **except** for the following:

Pg #	Order ID	Price	# of Sets	Total	Pg #	Order ID	Price	# of Sets	Total	Pg #	Order ID	Price	# of Sets	Total	Pg #	Order ID	Price	# of Sets	Total
BLOOD GASES					CHEMISTRY cont.					HEMATOLOGY cont.					BACTERIOLOGY				
22	BG-1-5	\$318			29	WB-R	\$196			35	RT-R	\$196			41	MC-R	\$210		
22	BG-6+	\$330			29	WB-X	\$84			34	RT-Y	\$40			41	MCA-A	\$81		
22	BG1-Y	\$60			29	HWG-R	\$128			35	SK-R	\$156			41	NP-R	\$246		
22	BG6-Y	\$66			29	WC-R	\$150			MICROSCOPY					41	MR-R	\$231		
22	BG-X	\$57			29	WC-Y	\$60			35	BF-R	\$224			41	MR-Y	\$51		
22	BGH-A	\$30			29	WC-X	\$40			35	SU-P	\$42			41	VP-R	\$270		
22	CO-R	\$291			30	PB-R	\$375			35	PM-P	\$150			42	BA-R	\$210		
22	CO-Y	\$60			COAGULATION					35	PM-Y	\$60			42	SB-R	\$171		
22	CO-X	\$57			31	CA-R	\$141			SEMEN ANALYSIS/FFN					42	CD-R	\$210		
CHEMISTRY					31	CA-Y	\$60			36	SP-R	\$240			42	UC-R	\$243		
23	CS-1-5	\$128			31	CA-X	\$51			36	PV-R	\$240			42	TU-R	\$243		
23	CS-6+	\$168			31	PO5-R	\$210			36	SM-R	\$240			42	TU-L	\$237		
23	MT-1-3	\$152			31	PXS-R	\$210			36	SMS-R	\$240			42	SC-R	\$243		
23	MT-4+	\$192			31	PRA-R	\$309			36	SV-R	\$240			42	ST-R	\$243		
23	NH-R	\$140			31	PRC-R	\$225			36	MOT-R	\$260			42	SA-R	\$156		
24	C-1-6	\$171			31	PO2-R	\$126			36	FFN-R	\$280			42	WS-R	\$88		
24	C-7-15	\$213			31	PRB-R	\$130			36	AE-R	\$204			43	AC-R	\$321		
24	C-16+	\$270			32	CTB-R	\$218			URINALYSIS					43	CE-R	\$291		
24	CC-X	\$99			32	CTB-Y	\$40			37	UR-R	\$102			43	GS-R	\$156		
24	CC-Z	\$510			32	CTB-X	\$52			37	UR-Y	\$50			43	BPE-L	\$200		
25	IBC-R	\$30			32	CTO-R	\$218			37	UR-X	\$40			MYCOBACTERIOLOGY				
25	EN-1-3	\$81			32	CTO-Y	\$40			37	UH-R	\$130			44	MA-R	\$138		
25	EN-4+	\$156			32	CTO-X	\$52			37	OC-R	\$104			44	MB-R	\$272		
25	HCG-R	\$123			32	DD-R	\$116			37	GO-R	\$110			44	TB-R	\$220		
25	HCG-A	\$63			32	DR-R	\$122			37	LF-R	\$124			PARASITOLOGY				
26	TX-1-3	\$81			32	DT-R	\$130			IMMUNOLOGY					44	PA-R	\$249		
26	TX-4-10	\$123			HEMATOLOGY					38	IP-R	\$192			44	PAL-R	\$201		
26	TX-11+	\$171			34	HW-R	\$120			38	XN-R	\$138			44	GI-R	\$207		
26	CET-R	\$444			34	HW-Y	\$40			38	XS-R	\$138			44	PAB-R	\$210		
26	CET-Z	\$555			34	HW-X	\$50			38	XU-R	\$138			MYCOLOGY				
26	AM-R	\$237			34	XI-P	\$39			38	ZR-R	\$138			45	MY-R	\$282		
26	UD-R	\$195			34	HE-R	\$204			38	ZM-R	\$138			45	MYC-R	\$210		
26	UD-X	\$48			34	AS-R	\$225			38	MW-R	\$76			45	YE-R	\$243		
27	SF-R	\$210			34	AT-R	\$225			38	HL-R	\$132			45	DM-R	\$234		
27	PC-R	\$170			34	AF1-R	\$288			38	LY-R	\$180			VIROLOGY				
27	BC-R	\$160			34	AF2-R	\$288			38	XP-R	\$82			45	RA-R	\$396		
27	CU-1-3	\$150			34	AF3-R	\$288			39	HV-R	\$315			45	RA-V	\$396		
27	CU-4-10	\$220			34	AF5-R	\$288			39	HV-Y	\$51			46	VA-R	\$312		
27	CU-11+	\$240			34	AF6-R	\$288			39	HVQA-R	\$168			46	VF-R	\$273		
28	NB-R	\$189			34	HE-Y	\$66			39	YB-R	\$300			46	VR-R	\$273		
28	NB-Y	\$60			34	AS-Y	\$66			39	HVYB-R	\$414			46	VW-R	\$170		
28	GH-R	\$150			34	AT-Y	\$66			39	SS-R	\$165			46	VWR-R	\$170		
28	FR-R	\$140			34	AF1-Y	\$66			39	SS-Y	\$51			PT SUB-TOTAL \$				
28	IE-R	\$225			34	AF2-Y	\$66			BLOOD BANK					Annual Enrollment Fee \$ 50				
28	IE-Y	\$66			34	AF3-Y	\$66			40	AB-R	\$366			Optional Products				
28	TM-R	\$158			34	AF5-Y	\$66			40	AB-Y	\$66			3-ring Binder		\$15 ea		
28	CP-R	\$399			34	AF6-Y	\$66			40	AB-X	\$126			Online Training/Comp				
28	CP-Z	\$597			34	SR-R	\$150			40	AR-R	\$213			VeriSamp Products				
28	CHF-R	\$210			34	SRA-R	\$150								QMR (Management Report)		\$400		
29	SW-R	\$132			34	SR-Y	\$40								PIR (Pre-Inspection Report)		\$125		
29	SW-X	\$52													GRAND TOTAL \$				