



2010 Proficiency Testing Enrollment Form

Demographic Information	Ship Samples To	Send Evaluations/ Reports To <small><input type="checkbox"/> Check here if the same as the Samples Information</small>	Send Bills/ Invoices To <small><input type="checkbox"/> Check here if the same as the Samples Information</small>
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)			

Please list type of testing site for this order:

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

No cost management services (refer to page 12 of the catalog for detailed descriptions):

Fill in this information if a copy of PT reports should go to a medical director, lab manager, technical consultant or POCT coordinator **who is not listed above**.

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

 Consultant Name

 Facility, Dept, Room, Suite

 Street Address

 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 the enrollment confirmation.

E-Mail COMMUNICATION OPTIONS

Important Note: Our database supports **one** e-mail address/option chosen. 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 “reports to” e-mail listed 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 listed for the “reports to” address on page 1.

___ **Option #4:** Reports delivered via PDF e-mail attachment

Customers receive PT reports via e-mail at time of release. E-mails will be sent to the e-mail listed for the “reports to” address on page 1. See note above for information about auto-forwarding incoming e-mails to other staff.

___ **Option #5:** 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 D

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 provide the following information:

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 enrollment records and scores to the CAP's 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, 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#: _____
- 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**. They use 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 for the PT testing being ordered:

- a) We designate WSLH PT as our primary provider for the proficiency testing ordered. All applicable scores should be transmitted.
- b) We have designated another PT provider 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:

Order ID	Price	# of Sets	Total	Order ID	Price	# of Sets	Total	Order ID	Price	# of Sets	Total	Order ID	Price	# of Sets	Total	Order ID	Price	# of Sets	Total
BLOOD GASES (pg 14)				CHEMISTRY, cont. (pgs 20-22)				HEMATOLOGY (pgs 25-27)				URINALYSIS (pg 29)				BACTERIOLOGY, cont. (pgs 34-35)			
BG-1-5	\$321			NB-R	\$189			HW-R	\$120			UR-R	\$104			SC-R	\$243		
BG-6+	\$333			NB-Y	\$60			HW-Y	\$40			UR-Y	\$40			ST-R	\$243		
BG-Y	\$69			GH-R	\$156			HW-X	\$50			UR-X	\$50			SA-R	\$162		
BG-X	\$57			FR-R	\$140			XI-P	\$39			UH-R	\$134			WS-R	\$88		
BGH-A	\$39			IE-R	\$225			HE-R	\$201			GO-R	\$112			AC-R	\$324		
CO-R	\$291			IE-Y	\$66			AS-R	\$231			OC-R	\$106			CE-R	\$291		
CO-Y	\$60			TM-R	\$158			AT-R	\$231			LF-R	\$128			GS-R	\$156		
CO-X	\$57			CP-R	\$384			AF1-R	\$288			IMMUNOLOGY (pgs 30-31)				BPE-L	\$210		
CHEMISTRY (pgs 15-19)				CP-Z	\$597			AF2-R	\$288			IP-R	\$192			MYCOBACTERIOLOGY (pg 36)			
CS-1-5	\$128			CHF-R	\$210			AF3-R	\$288			XN-R	\$138			MA-R	\$140		
CS-6+	\$168			WC-1-8	\$150			AF5-R	\$288			XS-R	\$138			MB-R	\$276		
MT-1-3	\$152			WC-9+	\$160			AF6-R	\$288			XU-R	\$138			TB-R	\$220		
MT-4+	\$192			WC-R	\$150			HE-Y	\$66			ZR-R	\$138			PARASITOLOGY (pg 36)			
NH-R	\$140			WC-Y	\$60			AS-Y	\$66			ZM-R	\$138			PA-R	\$249		
CSB-R	\$130			WC-X	\$40			AT-Y	\$66			MW-R	\$76			PAL-R	\$210		
C-1-6	\$171			SW-R	\$132			AF1-Y	\$66			HL-R	\$132			GI-R	\$222		
C-7-15	\$213			SW-X	\$52			AF2-Y	\$66			LY-R	\$180			PAB-R	\$222		
C-16+	\$270			WB-R	\$196			AF3-Y	\$66			XP-R	\$82			MYCOLOGY & RABIES (pg 37)			
CC-Y	\$81			WB-X	\$84			AF5-Y	\$66			HV-R	\$321			MY-R	\$282		
CC-X	\$63			HWG-R	\$128			AF6-Y	\$66			HV-Y	\$51			YE-R	\$246		
EN-1-3	\$81			PB-R	\$375			SR-R	\$150			HVQA-R	\$168			MYC-R	\$210		
EN-4+	\$156			COAGULATION (pgs 23-24)				SRA-R	\$150			YB-R	\$300			DM-R	\$234		
HCG-R	\$126			CA-R	\$144			SR-Y	\$40			HVYB-R	\$414			RA-R	\$396		
HCG-A	\$63			CA-Y	\$60			RT-R	\$198			SS-R	\$165			RA-V	\$396		
IBC-R	\$90			CA-X	\$51			RT-Y	\$40			SS-Y	\$51			VIROLOGY (pg 38)			
IBC-A	\$30			PO5-R	\$210			SK-R	\$156			BLOOD BANK (pg 32)				VF-R	\$273		
TX-1-3	\$81			PXS-R	\$216			MICROSCOPY (pg 27)				AB-R	\$381			VR-R	\$273		
TX-4-10	\$123			PRA-R	\$309			BFM-R	\$180			AB-Y	\$66			VFR-R	\$285		
TX-11+	\$171			PRC-R	\$228			BFA-R	\$190			AB-X	\$135			VA-R	\$321		
CET-R	\$444			PO2-R	\$126			BF-R	\$42			AR-R	\$222			VW-R	\$172		
CET-Z	\$555			PRB-R	\$130			SU-P	\$42			BACTERIOLOGY (pgs 33-34)				VWR-R	\$172		
AM-R	\$240			CTB-R	\$218			PM-P	\$156			MC-R	\$210			VWC-R	\$176		
UD-R	\$201			CTB-Y	\$40			PM-Y	\$60			MCA-A	\$81			PT Sub-Total \$			
UD-X	\$48			CTB-X	\$52			SEMEN/FFN (pg 28)				NP-R	\$246			Annual Enrollment Fee \$50			
SF-R	\$216			CTO-R	\$218			SP-R	\$240			MR-R	\$234			Optional Products			
PC-R	\$174			CTO-Y	\$40			PV-R	\$240			MR-Y	\$51			Binder	\$15		
BC-R	\$160			CTO-X	\$62			SM-R	\$240			VP-R	\$273			QMR	\$400		
CU-1-3	\$150			CTO-W	\$52			SMS-R	\$240			BA-R	\$219			PIR	\$125		
CU-4-10	\$220			DD-R	\$120			SV-R	\$240			CD-R	\$210			Online Training/Comp			
CU-11+	\$240			DR-R	\$126			MOT-R	\$260			SB-R	\$177			VeriSamp Products			
				DT-R	\$132			FFN-R	\$290			UC-R	\$243						
								AE-R	\$224			TU-R	\$243						
												TU-L	\$237						

Purchase Order # WSLH should list on the invoice:
(if required by your purchasing dept)

FAX TO: 608-265-1111

GRAND TOTAL \$