



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

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

## 2008 Proficiency Testing Enrollment Form

<b>Demographic Information</b>	<b>Ship Samples To</b>	<b>Send Evaluations/ Reports To</b> <i>Check here if this information is the same as the Samples Information</i>	<b>Send Bills/ Invoices To</b> <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.**

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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 5. 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](http://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:** PT Reports sent via e-mail attachment.

PT reports containing scored data/statistics/event notes are sent as PDF attachments delivered at the time of release. “E-reports” arrive up to one week sooner than the paper copy. Please note that some customers may need to have their IT staff adjust their mailbox size and/or firewall/SPAM filters to receive this service.

Important Note: WSLH PT will continue to send paper reports until advised by accreditation bodies that electronic recordkeeping is an acceptable alternative.

\_\_\_ **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/downloadprint 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 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 PT provider. All applicable scores should be transmitted.

b) Our other PT provider sends scores. 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:

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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
<b>BLOOD GASES</b>					<b>CHEMISTRY cont.</b>					<b>HEMATOLOGY cont.</b>					<b>BACTERIOLOGY</b>				
22	BG-R	\$336			30	SW-R	\$130			35	RT-Y	\$40			42	MC-R	\$210		
22	BG-Y	\$66			30	SW-X	\$52			36	SK-R	\$156			42	MCA-A	\$81		
22	BG-X	\$57			30	WB-R	\$188			36	XI-P	\$36			42	MCA-R	\$141		
22	CO-R	\$291			30	WB-X	\$84			<b>MICROSCOPY</b>					42	NP-R	\$243		
22	CO-Y	\$66			30	HWG-R	\$126			36	SU-P	\$42			42	MR-R	\$222		
22	CO-X	\$57			30	WC-R	\$146			36	BF-R	\$222			42	MR-Y	\$45		
22	BP-R	\$348			30	WC-Y	\$60			36	PM-P	\$146			42	VP-R	\$270		
22	BP-Y	\$84			30	WC-Z	\$246			36	PM-Y	\$60			43	BA-R	\$160		
23	BP-X	\$81			31	PB-R	\$366			<b>SEMEN ANALYSIS/FFN</b>					43	SB-R	\$126		
23	BPL-R	\$333			<b>COAGULATION</b>					37	SP-R	\$240			43	CD-R	\$162		
23	NBG-R	\$330			32	CA-R	\$141			37	PV-R	\$240			43	UC-R	\$243		
23	NBG-Y	\$75			32	CA-Y	\$63			37	SM-R	\$240			43	TU-R	\$243		
23	NBG-X	\$72			32	CA-X	\$54			37	SMS-R	\$240			43	SC-R	\$243		
23	NBGL-R	\$315			32	PRC-R	\$225			37	SV-R	\$240			43	ST-R	\$243		
<b>CHEMISTRY</b>					32	PO5-R	\$204			37	MOT-R	\$260			43	SA-R	\$156		
24	CS-1-5	\$124			32	PO2-R	\$126			37	FFN-R	\$270			43	WS-R	\$84		
24	CS-6+	\$164			32	PXS-R	\$126			37	AE-R	\$198			44	AC-R	\$321		
24	MT-1-3	\$146			32	PRA-R	\$309			<b>URINALYSIS</b>					44	CE-R	\$291		
24	MT-4+	\$180			32	PRB-R	\$130			38	UR-R	\$102			44	GS-R	\$153		
25	C-1-6	\$171			33	CTB-R	\$222			38	UR-Y	\$40			44	BPE-L	\$200		
25	C-7-15	\$213			33	CTB-X	\$50			38	UR-X	\$40			<b>MYCOBACTERIOLOGY</b>				
25	C-16+	\$270			33	CTO-R	\$222			38	UH-R	\$135			45	MA-R	\$134		
25	CC-X	\$99			33	CTO-X	\$50			38	OC-R	\$102			45	MB-R	\$268		
25	CC-Z	\$510			33	DD-R	\$114			38	GO-R	\$102			45	TB-R	\$220		
26	EN-1-3	\$81			33	DR-R	\$120			38	LF-R	\$118			<b>PARASITOLOGY</b>				
26	EN-4+	\$156			33	DT-R	\$130			38	FH-R	\$110			45	PA-R	\$249		
26	HCG-R	\$120			<b>HEMATOLOGY</b>					<b>IMMUNOLOGY</b>					45	PAL-R	\$201		
26	HCG-A	\$60			35	HW-R	\$114			39	IP-R	\$192			45	GI-R	\$201		
26	CET-R	\$444			35	HW-Y	\$40			39	XN-R	\$138			45	PAB-R	\$132		
26	CET-Z	\$555			35	HW-X	\$50			39	XS-R	\$138			<b>MYCOLOGY</b>				
27	TX-1-3	\$81			35	HE-R	\$201			39	XU-R	\$138			46	MY-R	\$282		
27	TX-4-10	\$123			35	AS-R	\$219			39	ZR-R	\$138			46	MYC-R	\$172		
27	TX-11+	\$177			35	AT-R	\$219			39	ZM-R	\$138			46	YE-R	\$240		
27	AM-R	\$231			35	AF1-R	\$288			39	MW-R	\$75			46	DM-R	\$231		
27	NH-R	\$130			35	AF2-R	\$288			39	XP-R	\$81			<b>VIROLOGY</b>				
27	UD-R	\$192			35	AF3-R	\$288			39	HL-R	\$129			46	RA-R	\$396		
27	UD-X	\$48			35	AF4-R	\$288			39	LY-R	\$198			46	RA-V	\$396		
28	SF-R	\$200			35	AF5-R	\$288			40	HV-R	\$309			47	VA-R	\$312		
28	PC-R	\$168			35	AF6-R	\$288			40	HVQA-R	\$164			47	VF-R	\$273		
28	CU-1-3	\$150			35	RT-R	\$192			40	HV-Y	\$45			47	VR-R	\$273		
28	CU-4-10	\$216			35	HE-Y	\$63			40	YB-R	\$297			47	VW-R	\$166		
28	CU-11+	\$238			35	AS-Y	\$63			40	HVYB-R	\$408			47	VWR-R	\$166		
29	NB-R	\$189			35	AT-Y	\$63			40	SS-R	\$165			<b>PT SUB-TOTAL \$</b>				
29	NB-Y	\$60			35	AF1-Y	\$63			40	SS-Y	\$45			<b>Annual Enrollment Fee \$ 50</b>				
29	GH-R	\$144			35	AF2-Y	\$63			<b>BLOOD BANK</b>					<b>Optional Products</b>				
29	FR-R	\$140			35	AF3-Y	\$63			41	AB-R	\$360			3-ring Binder		\$15 ea		
29	IE-R	\$222			35	AF4-Y	\$63			41	AB-Y	\$63			Online Training/Comp				
29	IE-Y	\$63			35	AF5-Y	\$63			41	AB-X	\$120			VeriSamp Products				
29	TM-R	\$158			35	AF6-Y	\$63			41	AR-R	\$210			QMR (Management Report)		\$400		
29	CP-R	\$399			35	SR-R	\$146												
29	CP-Z	\$597			35	SRA-R	\$146												
29	CHF-R	\$210			35	SR-Y	\$40												

**GRAND TOTAL \$**