ASHI 2010 Proficiency Testing Subscription Form 1

ASHI
American Society for Histocompatibility & Immunogenetics

LABORATORY AND SHIPPING INFORMATION

CLIA no._____UNOS no._____ ASHI Laboratory no._____CAP no._____

* Laboratory Director (last name)

* Laboratory Director (first name)

Credentials

** Laboratory Contact (last name)

* Laboratory Contact (first name)

Credentials

* Institution Name

Department Name

* Street Address (P.O boxes are not acceptable)

* City

* State or Province

* Country

* Zip or Postal Code

Director email address

** Laboratory contact email address

* Laboratory Phone Number

Laboratory Fax Number

PROFICIENCY TESTING CATEGORY	MODULE CODE	PRICE	NUMBER OF MODULES ORDERED	TOTAL
HLA Typing				
Serological HLA Typing	ST	$715.00		
Molecular HLA Typing	MT	$715.00		
Serological and Molecular Typing	HT	$1428.00		
Supplemental Specimen Volume	HTS	$310.00		
HLA-B27 Detection	B27	$449.00		
Engraftment Monitoring	EMO	$535.00		
HLA Antibody Screening/Crossmatching:				
HLA Antibody Screening/Crossmatching	AC	$960.00		
Supplemental Serum Volume	ACS	$250.00		
Supplemental Whole Blood Volume	ACC	$350.00		
Additional International Shipping Charge Per Module	B27, AC, EMO	$85.00		
Additional International Shipping Charge Per Module	ST, MT, HT	$126.00		
			Total Charge	

* Required fields

** All confirmations, notices and login information will apply to this contact name. After subscription has been entered, any changes or corrections must be made by the ASHI office. Please contact cblair@ahint.com or telephone at (856) 638-0428, x4411.

ASHI 2010 Proficiency Testing Subscription Form 2

INSTITUTION NAME (from previous page)

❑ Please check if you would like your results sent to CAP. Please return signed submission form to the ASHI Central office.

PAYMENT INFORMATION
INCLUDE ONE OF THE FOLLOWING METHODS OF PAYMENT (PAYABLE IN U.S. DOLLARS ONLY).
ADDITIONAL CHARGE FOR WIRE PAYMENTS: $25

Credit Card ❑ AMEX ❑ VISA ❑ MC

Card Number: _____ Exp Date: _____

Name on Card: _____ Amount: _____

Signature: _____

Check

Check Number (make check payable to ASHI) (U.S. BANK)

Payment total: _____

Purchase Order

BILLING INFORMATION ☐ Check here if billing information is the same as shipping information

Billing Contact (last name)

Billing Contact (first name)

Credentials

Billing Phone

Billing Fax

Billing E-mail Address

Institution Name

Department Name

Street Address (P.O boxes are not acceptable)

City

State or Province

Country

Zip or Postal Code

SHIPPING INFORMATION

- P.O. boxes are not acceptable for shipping addresses.
- Participant must include complete laboratory address, including building number and street, in shipping address. An additional fee may be charged if the information is not complete.
- All survey kits will be shipped to addresses in the USA via next-day air service.
- All survey kits will be shipped to addresses outside the USA via FedEx International Priority service.
- Additional information for international participants
  - Each participant must obtain and complete any necessary documents for importation of non-hazardous human blood specimens for proficiency testing/medical research use.
  - Copies of all such documents must be forwarded to ASHI with the subscription information.
  - No replacements will be made for international shipments that are lost, delayed or refused entry into a country.
  - Due to the unstable nature of target cells, replacement specimens may not be available for serology-based surveys.
  - Duties and/or import taxes imposed by the importing country are the receiving laboratory's responsibility.

SHIPPING CHARGES

- For USA addresses, shipping charges are included in each module's price.
- For addresses outside the USA, there will be an additional international shipping charge of $85 per B27, EMO & AC module and $126 per ST, MT & HT module.

Return both subscription pages to ASHI, 15000 Commerce Parkway, Suite C, Mt. Laurel, NJ 08054 or fax to (856) 439-0525