### MLE Proficiency Testing Price List

**H=Waived  •  A=Add-On  •  *Enroll after the 1st event and prices are prorated by 1/3 per event.**

#### Code/Description | *Full Year | Code/Description | *Full Year | Code/Description | *Full Year
---|---|---|---|---|---
**HEMATOLOGY**
210/Hematology
212/Hemoglobin/Hematocrit/WBC
213/Hemoglobin/Hematocrit
215/Hemoglobin/Glucose—HemoCue
223/Twenty 5-Part Diff.
224/ Sysmex 3-Part Diff.
225/Hematology 3-Part Diff.
226/Hematology 5-Part Diff.
228/Hematology 5-Part diff.
ACT 5 & Pentra 60C+
229/Hematology 5 or 6-Part diff-Sysmex
230/Blood Cell Id
231/Blood Cell Id
240/Reticulocyte Count
247/Sed Rate
248/Sed Rate-Sedimat15
250/Body Fluid/Cell Ct/Crystals

**COAGULATION**
320/Coagulation
324/Roche CoaguChek Xs INR
328/STAT Pro Time
330/CoaguChek Xs PLUS/Pro PT/INR
331/CoaguChek Xs PLUS/Pro PT/INR

**BLOOD BANK**
451/ABO & Rh Factor (D Type)
452/Blood Bank 1
453/Blood Bank 2

**URINALYSIS & PPM**
530/Urine Analysis
531/Urine Analysis Dipstick
532/Urine Sed Id
533/Urine Sed Id
534/PPM
535/PPM
536/Microalbumin/Creatinine—Quant
537/Fecal Occult Blood
538/KOH Slides
539/Microalbumin/Creatinine—Quant
540/Urine HCG
541/Urine HCG
542/Fecal Occult Blood

**MICROBIOLOGY**
630/Bacteriology
640/Bacteriology
641/Throat Culture
643/Urine Culture
645/Urine/Throat Culture
646/Genital Culture
647/Urine Culture/Presumpt.ID/CC

**CHEMISTRY**
810/Chemistry
811/Lipid Panel/Glucose
812/Waived Chemistry Panel
813/Comp. Metabolic Panel
817/i-STAT Chemistry
818/i-STAT Chemistry
824/Thyroid Profile
826/Lipid Profile
829/Apolipoproteins
831/Therapeutic Drugs
832/i-STAT Chemistry
833/Waived Chemistry Panel
835/Serum Alcohol/Acetone
836/Ammonia
841/Neonatal Bilirubin
845/Cardiac Markers
846/BNP/D-Dimer
847/Blood Gases
850/Glycohemoglobin
851/Afmin Glycohemoglobin
854/SHBG/Testosterone
859/PSA
860/Endocrinology/Hematology/Oncol
861/PSA
862/Tumor Markers
863/Endocrinology 2
864/Thyroid Antibodies
865/Serum hCG
866/Serum hCG
868/Urine Drug Screening—Qual
870/Whole Blood Glucose
871/Whole Blood Glucose
872/Urine Chemistry
873/Ethyl Glucuronide
874/Adulterated Urine

**WAIVED TESTING PACKAGES**
901/Waived and PPM Package
902/Basic Waived and PPM Package

**SUPPLIES & SERVICES**
108/MLE Program Binder
121/1mL Pipette
126/Pipette Pump
142/G2 NIR Subscription

Medical Laboratory Evaluation 2020  
www.acponline.org/mle
1  □ New Enrollee
    □ Renewing Participant: MLE ID # ______________________

2  Bill to: (please print clearly or type)
Contact ________________________________________________
Facility Name ____________________________________________
Address ________________________________________________
__________________________________________________________________________
City_________________ State____ ZIP________
Country (other than U.S.) ________________________________
Phone____________________ Fax___________________
E-mail ________________________________

3  Lab Director ____________________________________________

4  CLIA ID# ________________________________________________

5  Ship To: (no PO boxes for kit delivery)
    □ Same as “bill to” address.
Contact ________________________________________________
Facility Name ____________________________________________
Address ________________________________________________
__________________________________________________________________________
City_________________ State____ ZIP________
Country (other than U.S.) ________________________________
Phone____________________ Fax___________________
E-mail ________________________________
    □ Ship kit to different address (attach information)

6  Send a copy of my PT results to:
    □ CMS (Provide CLIA ID# in section 4)
    □ State Agency ID#__________________________________________
    □ COLA ID#________________________________________________
    □ TJC/HCO ID#______________________________________________
    □ Technical Consultant (attach name, address and email)

7  □ Activate Auto Renewal at no charge.

<table>
<thead>
<tr>
<th>Module #</th>
<th>Description</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>100</td>
<td>Annual Admin Fee</td>
<td>$85</td>
</tr>
</tbody>
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Note: An additional shipping fee may apply. Contact MLE Customer Service for details.

8  Amount Due
Total Cost of Items Above = $___________
Discount Code ________________
(Please choose only one applicable code from page 21)
+ Shipping Fee (if applicable) $___________
Total Amount Due = $___________

9  Payment Options
(Tax ID # 23-1520302) (DUNS #: 071625974)
    □ Purchase Order # ________________________________
    □ Send Invoice
(Net 30 days. Payment by check or credit card—Visa or Mastercard accepted).
Overdue accounts are subject to holds and/or cancellations.

10 How did you hear about us? ________________________________

11 Laboratory Type: ________________________________________

Fax: 1-202-835-0440
E-mail: mle@acponline.org

Please note: Cancel a module IN WRITING at least 4 weeks prior to the upcoming shipment to avoid being charged.

The MLE products you have ordered may contain pathogenic material. By returning this order form, you assume all risk and responsibility in connection with the receipt, handling, storage, use, and disposal of the material.