LABORATORY AND SHIPPING INFORMATION

* Institution Name: CLIA #: UNOS #:

* Lab/Department Name: ASHI Laboratory#: CAP #:

* Street Address (PO Boxes not acceptable):

* City: * State or Province: * Zip or Postal Code:

* Country:

* Laboratory phone number: * Laboratory fax number:

LABORATORY CONTACT INFORMATION

* Lab Director First Name: * Director Last Name: Credentials:

*Lab Director e-mail address:

** Lab Contact First Name: **Contact Last Name: Credentials:

** Lab Contact email address:

<table>
<thead>
<tr>
<th>PROFICIENCY TESTING CATEGORY</th>
<th>MODULE CODE</th>
<th>PRICE</th>
<th>NUMBERS OF MODULES ORDERED</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>HLA Typing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Molecular and/or Serological HLA Typing</td>
<td>HT</td>
<td>$870</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HT-B27 HLA typing module (HT with B27 report)</td>
<td>HT-B27</td>
<td>$870</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplemental Specimen Volume – Must be ordered with HT or HT-B27 Module</td>
<td>HTS</td>
<td>$370</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Engraftment Monitoring</td>
<td>EMO</td>
<td>$725</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HLA Antibody Screening/Crossmatching</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HLA Antibody Screening/Identification</td>
<td>AC</td>
<td>$1260</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HLA Antibody Screening/Identification Only (No cells for crossmatching)</td>
<td>AO</td>
<td>$915</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplemental Serum Volume – Must be ordered with AC or AO Module</td>
<td>ACS</td>
<td>$370</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplemental Whole Blood Volume – Must be ordered with AC Module</td>
<td>ACC</td>
<td>$500</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional International Shipping Charges Per Primary Module/Year: Belgium, Canada, Egypt, Italy, Korea, Mexico, Netherlands, Singapore, South Africa, Taiwan</td>
<td>HT, HT-B27, EMO, AC, AO</td>
<td>Int'l Shipping Charge $140</td>
<td>Total # of Modules</td>
<td>Total Shipping Cost***</td>
</tr>
<tr>
<td>Additional International Shipping Charge Per Primary Module/Year: Argentina, Brazil, China, Hong Kong, Israel, New Zealand</td>
<td>HT, HT-B27, EMO, AC, AO</td>
<td>Int'l Shipping Charge $150</td>
<td>Total # of Modules</td>
<td>Total Shipping Cost***</td>
</tr>
<tr>
<td>Additional International Shipping Charge Per Primary Module/Year: Australia, Colombia, India, Kuwait, Poland, Saudi Arabia</td>
<td>HT, HT-B27, EMO, AC, AO</td>
<td>Int'l Shipping Charge $250</td>
<td>Total # of Modules</td>
<td>Total Shipping Cost***</td>
</tr>
</tbody>
</table>

* Required Fields
** All notifications will be sent to this contact name.
*** Shipping prices are per module. (No additional shipping charge for supplemental volumes.)

Note: Changes or corrections to an order must be made by the ASHI office. Please email the ASHI office at info@ashi-hla.org or call (856) 642-4411.
Check here if your lab is in the U.S. or Canada and you would like your results sent to CAP. If you check the box, a signed CAP submission form must be downloaded from the ASHI site and submitted to the ASHI office (email: info@ashi-hla.org).

**PAYMENT INFORMATION** - INCLUDE ONE OF THE FOLLOWING METHODS OF PAYMENT (PAYABLE IN U.S. DOLLARS ONLY).

- **Credit Card**  ❑ AMEX  ❑ VISA  ❑ MC
  
  Card Number:  
  3-Digit Security Code:  
  Exp Date:  

  Name on Card:  
  Payment Total:  

  Signature:  

  **Check** - (Checks should be made payable to ASHI.)  
  Check number (U.S. BANK):  
  Payment Total:  

  **Wire Transfer** - (ADDITIONAL CHARGE FOR WIRE PAYMENTS: $25)  
  (Order Total + $25 wire fee) = Payment Total:  

  **Purchase Order Number (if applicable):**  
  Payment Total:  

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

  Institution Name:  
  Lab/Department Name:  

  Street Address (P.O. Boxes not acceptable):  

  City:  
  State or Province:  
  Zip or Postal Code:  

  Country:  

  Billing Phone:  
  Billing Fax:  

  Billing Contact (First Name):  
  Billing Contact (Last Name):  

  Billing E-mail Address:  

**SHIPPING INFORMATION**  

- P.O. boxes are not acceptable for shipping addresses.  
- Participant must include complete laboratory address, including building number and street name, 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 FedEx Priority Overnight Service.  
- All survey kits will be shipped to most 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 some 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 is an additional international shipping charge. Differences in the charges for different countries reflect major differences in ASHI costs for shipping to each country.

*Return both subscription pages to ASHI via email - info@ashi-hla.org - or fax (856) 439-0525.*

ASHI 1120 Route 73, Suite 200, Mt. Laurel, NJ 08054