Please use this example to update your PT Enrollment for 2024



WSLH Proficiency Testing

2601 Agriculture Drive Madison, WI 53718

First/Last Name of General Contact Name of your Clinical Laboratory Facility Name of your Medical Facility, if applicable Address Line 1 City, State, Country, Postal Code

CONTACT PHONE: ###-###-###

CONTACT EMAIL: general.contact.email@domain.com

Please verify that demographic information is correct for your:

- General Account Contact
- Shipping Contact
- Billing Contact

PT Enrollment Quote

Quote No.:

Quote Date:

Expiration Date:

Customer ID: WSLH PT ID #:

2024 Program Enrollment

SHIP TO:

Name of your testing facility

Attn: First/Last Name of Shipping Contact

Address Line 1 Address Line 2

City, State, Country, Postal Code

Phone: ###-###-####

Email: shipping.contact.email@domain.com

BILL TO:

Name of your testing facility

Attn: First/Last Name of Billing Contact

Address Line 1 Address Line 2

City, State, Country, Postal Code

Phone: ###-###-####

Email: billing.contact.email@domain.com

Agencies/Consultants on File:

Agency/Consultant	Reference #	Contact Name	Ema	il	
CMS - CLIA	39D0657787				
CAP - LAP	1322201				
ITEM		Q	TY	PRICE	EXTENDED PRICE
PT01050: Blood Gases/Electrolytes/Metabolites			1	432.00	432.00
PT01060: Blood Gases/Electrolytes/Metabolites (2E		1	225.00	225.00
PT01330: CO-Oximetry			1	396.00	396.00
PT02030: Activated Clotting Time			1	296.00	296.00
PT02052: Activated Clotting Time QE)	2	174.00	348.00
PT03290: Urine hCG - 5 samples			1	178.00	178.00
PT90200: Annual Processing Fee			1	100.00	100.00
Binders are available for purchase. If you wish to add a binder to your order simply list binder, add quantity and total price.		e, please add and/or drop with WSLH PT for 2024.	modules	to indicate v	vhat modules you will be
		drop a module, cross out e example above.	t or delete	the product	t information, as shown ii
		add a module, please ha antity in the space below		r type the ite	em number, description a
The service was the service of the s	•	type it, please use a diff ed a module. Please see e			PDF file to easily show t

PT02200: Hematology Limited Sysmex (AS)

PT05410: Group A Strep Molecular

Total (USD): 1,975.00

QTY:1

QTY: 2

This document reflects the current information we have on file for your facility. Please check all information for accuracy. Corrections and additional products may be added to the document. To submit this order, sign the document and return to WSLH Proficiency Testing for processing. Submit by email: PTenrollment@slh.wisc.edu or by fax: (608) 265-1111. If you need assistance, please contact customer service at 800-462-5261.



If your facility requires a PO number, please provide it here



Please sign here, then submit by email to PTenrollment@slh.wisc.edu. You may also fax using the number above.

Total Price: 315.00

Total Price: 316.00