



SEROLOGICAL RESEARCH INSTITUTE

PROFICIENCY ORDER FORM - 2012

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TESTS AVAILABLE:

	TYPE		SYSTEMS					
	OTS	APT	Profiler/Cofiler	PowerPlex16	Identifiler	Screening	YSTR	Mito
CS-SA	X		X		X	X		
CS-BC	X		X		X	X		
DB-SWB	X		X	X	X			
DB-FTA	X		X		X			
DB-LIN	X		X	X	X		X	X
BF	X	X				X		
SER		X						

	DESIRED OTS SHIP DATE(S)	CODE	PRICE	QUANTITY	COST
<b>DNA CASE SCENARIO (CS)</b>					
Sexual Assault	_____	OTS-SA	\$495		
Blood Case	_____	OTS-BC	\$495		
<b>DATABASE (DB)</b>					
Buccal Swabs: STR	_____	OTS-SWB	\$395		
Blood FTA Cards	_____	OTS-FTA	\$395		
Lineage Swabs: YSTR/Mito/STR	_____	OTS-LIN	\$450		
<b>BODY FLUID IDENTIFICATION (BF)</b>					
Body Fluid Identification	_____	OTS-BF	\$375		

	SCHEDULED APT SHIP DATES	CODE	PRICE	QUANTITY	COST
Body Fluid Identification	June 5, 2012	APT-BF-A	\$275		
Body Fluid Identification	December 4, 2012	APT-BF-B	\$275		
Body Fluid Identification	Both Jun 5 and Dec 4	APT-BF-AB	\$500		

**OPTIONAL OVERNIGHT DELIVERY (per shipment)**  
 (Continental US only.) Enter number of overnight ship dates:

S&H	\$50		
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**INTERNATIONAL SHIPPING AND HANDLING**  
 Outside Continental US and Canada, please contact us.

S&H			
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**TOTAL:** \_\_\_\_\_

**NOTES:**

\* Off The Shelf (OTS) proficiency tests are available at any time.  
 \*\* Annual Proficiency Tests (APT) Order APTs at least **nine weeks** before ship date.  
 \*\*\* Custom Proficiency Tests (CUST), contact SERI Proficiency Department for a quote.

All SERI proficiencies require Microsoft Excel or equivalent to record and report test results. The Excel report form (included) allows a hardcopy to printed and reviewed prior to submission.

All test results returned within **eight weeks** of due date (and which are released by the client) will be eligible for submission to ASCLD/LAB®.

PROFICIENCY ORDER FORM - 2011 (Continued)

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**SHIP TO:**

LABORATORY: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_  
STATE/PROV: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTRY: \_\_\_\_\_  
RECIPIENT NAME: **(Required)** \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
E-MAIL: **(Required)** \_\_\_\_\_

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**BILL TO: (if different)**

AGENCY: \_\_\_\_\_  
NAME/TITLE \_\_\_\_\_ DEPT: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE/PROV.: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTRY: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

Please indicate method of payment:

<input type="checkbox"/>	Check	Make checks payable to Serological Research Institute.
<input type="checkbox"/>	Purchase Order <b>(Number required)</b>	P.O. Number: _____
<input type="checkbox"/>	Credit Card	Credit Card No.: _____
		Expiration Date: _____
		Name on Card: _____
		Security Code: _____
		Authorized Payment Amount: _____

**NOTES:**

**Prepayment is required on all orders.**  
All orders will be billed upon **receipt of order**. Orders must be paid in US dollars.  
Please include a copy of your Purchase Order form if available.  
Please contact us for information on fund transfers and international S&H.  
If you prefer, you may provide credit card information by phone, (510) 223-7374.

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