2007 PROFICIENCY TESTING SURVEY MAILING DATES

SURVEY	1/07	2/07	3/07	4/07	5/07	6/07	7/07	8/07	9/07	10/07	11/07	12/07
Throat Swabs (DAT)		2/27			5/1					10/22		
Throat Culture					5/1			8/7			11/5	
Syphilis				4/3				8/7				12/4
ASO, IM, HCG Rubella Antibody & Rheumatoid Factor	1/30					6/5			9/25			
Chemistry & Lipids/Glucose Only Electrolytes Only			3/13				7/17				11/13	
Therapeutic Drugs			3/13				7/17				11/13	
Hematology (CBC & Cell ID) Coagulation & QBC		2/6				6/5				10/2		
Endocrinology			3/13				7/17				11/13	
Drugs of Abuse	1/29					6/12			9/18			

Please notify CLIS at 609-292-5607, within 5 working days if you do not receive a scheduled shipment.
FAILURE TO DO SO WILL RESULT IN A RATING OF ZERO AND A “NON-PARTICIPATION” FOR THIS SURVEY.

BIANNUAL ASSESSMENT PROGRAM (BAP)
2007 SHIPPING SCHEDULE

SURVEY	FIRST SHIPMENT	SECOND SHIPMENT
Throat Screen (CLIA Waived DAT Methods only)	6/19/07	12/4/07
Dermatophyte Screen (DTM Agar)	6/19/07	12/4/07
H. pylori Antibody	6/19/07	12/4/07
Urine Culture (UC) Screen	6/19/07	12/4/07
Urine Culture Screen with Antibiotic Susceptibility Test	6/19/07	12/4/07
Dipstick Urinalysis only	6/19/07	12/4/07
Urine hCG only	6/19/07	12/4/07
Urine Microscopy only	6/19/07	12/4/07
Urinalysis Combo	6/19/07	12/4/07
Sperm Count	6/19/07	12/4/07
Sperm (Absence or Presence)	6/19/07	12/4/07
C-Reactive Protein (CRP)	6/19/07	12/4/07
PSA and/or PAP	6/19/07	12/4/07
Whole Blood Glucose (Waived Methods only)	6/19/07	12/4/07
Glycohemoglobin	6/19/07	12/4/07
GGT and/or Phosphorus	6/19/07	12/4/07
KOH Prep	6/19/07	12/4/07
Pinworm Prep	6/19/07	12/4/07
Vaginal Wet Prep	6/19/07	12/4/07
Sedimentation Rate	6/19/07	12/4/07
Coaguchek Prothrombin Time	6/19/07	12/4/07
Fecal Occult Blood	6/19/07	12/4/07

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