ASCP CASE REPORTS

By Fax:
Fax to **312-541-4472**
and transmit a copy of
your purchase order.

By Phone:
800.267.2727
Monday–Friday (8am–6pm ET)
(Outside the US 312.541.4848)
Please have credit card
information ready.

By Mail:
ASCP
3462 Eagle Way
Chicago, IL 60678-1034
Include check payable to ASCP
or purchase order.

Series Selection	Price	Quantity	# of Participants	Quantity x Price
☐ Clinical Chemistry Series 2026 (CSCC26)	$299.00	_____	_____	$_____
☐ Cytopathology Series 2026 (CSCY26)	$299.00	_____	_____	$_____
☐ Forensic Pathology Series 2026 (CSFP26)	$299.00	_____	_____	$_____
☐ Hematopathology Series 2026 (CSHP26)	$299.00	_____	_____	$_____
☐ Microbiology Series 2026 (CSMB26)	$299.00	_____	_____	$_____
☐ Surgical Pathology Series 2026 (CSSP26)	$299.00	_____	_____	$_____
☐ Transfusion Medicine Series 2026 (CSTM26)	$299.00	_____	_____	$_____
☐ Renal Pathology Series 2026 (CSRP26)	$299.00	_____	_____	$_____
		TOTAL # OF PARTICIPANTS _____ x $29 per program		$_____
☐ Complete 8-Series Package (CSCM26)	$1,799.00	_____	_____	$_____
		TOTAL # OF PARTICIPANTS _____ x $199 per program		$_____
			Grand Total	$_____

Participant	Name/Product(s)

ASCP will follow up for participant information.

Required Administrator Information

Please provide Laboratory Administrator's contact information in order to allow access to content in 2026.

Name: _____ ASCP Member ID (if available): ☐☐☐☐☐☐☐☐

Email address: _____

Phone: _____

SHIP CUSTOMER # **BILL CUSTOMER #**

Please verify your shipping and billing information. Indicate any changes.

SHIPPING ADDRESS:

BILLING ADDRESS:

Purchase Order Number (please attach a copy of the purchase order)

Contact Person

Contact Person Email (required)

Accounts Payable Email (required)

Phone Fax

☐ I want to pay by credit card. Please call me at _____

Date/Time _____

Please Fax to: 317-569-0221 to ensure your site is set up online for 2026.