

Laboratory Quality Solutions

CAP Accreditation Checklists ORDER FORM

Billing Information

(Please type or print clearly)

Instructions

Complete all fields of the CAP Accreditation Checklist Order Form and follow the instructions for submitting your form via email or mail. Orders must include your country code, area code, and telephone number and complete address.

Email the completed form without credit card information to cdm@cap.org. When the CAP receives the completed form, you will receive a system-generated response with a CAP case number confirming receipt. Once you have the CAP case number, please call the CAP at 800-323-4040 or 847-832-7000 option 1 with the credit card information.

Or

 Mail the completed form with a check or copy of the institutional purchase order to: College of American Pathologists Attn: Customer Data Management

325 Waukegan Road Northfield, IL 60093-2750

After receiving the completed form for the CAP checklists, the CAP will issue an invoice. Once the payment is received, the order with instructions will be emailed to the Distribution Contact.

International Customers

All international orders must be fulfilled in US currency.

Sales Tax

If your organization is exempt from sales tax, enclose a copy of your tax-exempt or resale certificate.

Order Information

Description LAP9986	2025 CAP Accreditation Checklists			
Product Code	Member Price	Nonmember Price		
Price	\$1150.00	\$1300.00		
Sales Tax (Add appropriate sales tax for your location)				
Total Amount Enclosed				

Note: New editions of the CAP Accreditation Checklists are typically released in the third quarter each year.

Payment (must be in US dollars)

Check enclosed, payable to College of American Patho	ologist
☐ Purchase order/signed institutional P.O. Number	

Billing Contact		
Institution Name		
Address		

Billing Phone

Email
Address

CAP Member Number

City, State, ZIP Code

Address

Distribution Contact

Email

(Provide the information for the individual to receive access to the checklist download file share)

Contact Name	
Phone	