



CAP System Inspection Application

LAP system inspections require 2 or more full service laboratories with integrated services. A non-refundable application fee of \$1905 is required for each system.

System inspections will require that your system perform a reciprocal system inspection once every 18-24 months, and will require significant travel nationwide.

Section I: System Demographics

System Name

Owned By

System Pathologist

This is the pathologist responsible for the overall administration of the system. This person will receive communications from the College of American Pathologists regarding the accreditation of the system laboratories.

Name

Address

Phone Number

 - -

Fax Number

 - -

Email Address

System Contact Person

This is the person responsible for the overall management of the system. This person will receive communications from the College of American Pathologists.

Name

Address

Phone Number

 - -

Fax Number

 - -

Email Address

System Anniversary Date

All laboratories participating in a system inspection must have the same anniversary date. The Preferred System Anniversary Date must be an existing anniversary date of one or more participating laboratories in the system. All laboratories that do not currently have this anniversary date will be synchronized with this anniversary date. Laboratories cannot exceed 24 months between inspections; therefore, any laboratory that does not currently have the preferred anniversary date may require 2 inspections within the 2 year cycle in order to be synchronized with the preferred anniversary date. In the event the preferred system anniversary date cannot be used, the CAP will work with the System administration to select a mutually agreeable alternate date.

Preferred Date

 / / 

Section III: Degree of Integration

Only highly integrated systems are eligible to participate in a system inspection. Interested system applicants must be fully integrated for at least 6 of the first 8 criteria indicated in the chart. The ninth criterion is a mandatory geographic requirement. "Fully Integrated" means that 100% of your system laboratories participate in a criterion. If your system is fully integrated, you should select "Yes." If you do not have 100% participation, then you should select "No." Please add explanatory comments in the space provided for all "No" answers.

A system is limited to all laboratories being geographically located within a 3 hour drive from a system identified central laboratory. Please provide the CAP number of this laboratory in the box indicated. See "Eligibility for System Inspections" section above if your system exceeds this geographic requirement. Laboratory groups that exceed the geographic requirement may submit multiple applications, so long as the laboratories contained in each application meet the geographic limitation.

Identify the degree of integration of services for the following items by checking "Yes" if the service is applicable to every laboratory in your system. Check "No" if the service is applicable to only a portion of your laboratories. For every item checked "No," please comment on the extent of integration of that particular service for your system.													
	Yes	No	Comments										
1. Does the System operate with one set of Administrative policies and procedures?	<input type="checkbox"/>	<input type="checkbox"/>											
2. Is there central management of all laboratories?	<input type="checkbox"/>	<input type="checkbox"/>											
3. Does the System perform competency assessment at each site utilizing a System-wide standardized program?	<input type="checkbox"/>	<input type="checkbox"/>											
4. Is there a System-wide quality improvement plan?	<input type="checkbox"/>	<input type="checkbox"/>											
5. Is there common management of the quality control program?	<input type="checkbox"/>	<input type="checkbox"/>											
6. Does the System have a common approach to the management of patient information (i.e., common or shared LIS, shared data repository, etc.?)	<input type="checkbox"/>	<input type="checkbox"/>											
7. Do the laboratories share a safety program?	<input type="checkbox"/>	<input type="checkbox"/>											
8. Do physicians and clients use the same specimen collection manual?	<input type="checkbox"/>	<input type="checkbox"/>											
9. Are all labs within a 3 hour drive from a system designated centrally located lab?	<input type="checkbox"/>	<input type="checkbox"/>	Enter the CAP# of the centrally located lab: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>										



Section IV: Systems Pre-inspection Information Form

Please complete the following information as it pertains to your laboratories.

System Name _____

System Specifics	
ANP-full service - Number of sites	
ANP-frozen sections and/or interpretations only - Number of sites	
Laboratory Information System Name	

Please indicate "Yes" or "No" for each item below. Add any explanations or clarifying information in the "Additional Notes" column as appropriate.			
	Yes	No	Additional Notes
1. Is your LIS on-site?	<input type="checkbox"/>	<input type="checkbox"/>	Location
2. Are your computer records centrally located?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Do you use auto-verification?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, which location
4. Is documentation of interface/calculation checks centrally located?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, which location
5. Are personnel files centrally located?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, which location
6. Are competency/training files centrally located? Note: The system must perform competency assessment at each site.	<input type="checkbox"/>	<input type="checkbox"/>	If yes, which location
7. Is proficiency testing administration centrally located?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, which location
8. Is there a System-wide QC program?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Are there common/standardized SOPs?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Do you have common instrument/platforms?	<input type="checkbox"/>	<input type="checkbox"/>	
11. Are Policies/Procedures available online?	<input type="checkbox"/>	<input type="checkbox"/>	
12. In the past 2 years, have you implemented any new instrumentation/computer systems/new tests/kits?	<input type="checkbox"/>	<input type="checkbox"/>	List



Section IV: Systems Pre-inspection Information Form (cont'd)

Please indicate "Yes" or "No" for each item below. Add any explanations or clarifying information in the "Additional Notes" column as appropriate.			
	Yes	No	Additional Notes
1. Are your Pathologists part of a Pathology group?	<input type="checkbox"/>	<input type="checkbox"/>	Number of Path groups
2. Are your Pathologists contracted?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Do Pathology Assistants perform grossing?	<input type="checkbox"/>	<input type="checkbox"/>	
1. Is your Point-of-Care Testing program centrally administered?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Point-of-Care Testing/Respiratory Personnel files location			
3. Do you perform arterial blood gas (ABG) analysis in the lab?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Do you perform ABG in the Respiratory Therapy department?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Do you perform ABG as Point-of-Care testing?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Do you offer Direct-to-Consumer testing?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Do you offer physician performed testing (PPT)?	<input type="checkbox"/>	<input type="checkbox"/>	
Team Building Suggestions	Response		
In your opinion, how many inspectors are needed to inspect your system?			
In your opinion, how many days should your system inspection span?			
Would your laboratory personnel be available to transport inspectors between sites, if necessary?			
Are there regularly scheduled events in your area such as graduations or festivals that may impact hotel bookings/travel?			
Where will the summation be conducted?			
Global Summation format preference? (PowerPoint, verbal, none)			
Is audio/visual, laptop/teleconference equipment available for a PowerPoint presentation?			
Additional Comments			
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Section V: Payment Information

To avoid delay, you MUST INCLUDE ONE of the following methods of payment (payable in US dollars).

Check Check Number (Make check payable to College of American Pathologists)

Purchase Order Purchase Order Number

Terms are net 30.

AMEX VISA MasterCard

Card Number

Expiration Date /

Print Cardholder's Name

Cardholder's Signature

Payment Total (\$1905 Application fee) \$

For CAP Office Use Only (LAP6100)

Edited by _____

- TEF TEN NOPO
 CT
 MO/OP (See order #)

Billing Information

Billing Contact (First Name) Billing Contact (Last Name)

MD Other
 DO
 PhD _____

Billing Contact E-mail

International Use Only Billing Phone (Required) - - Extension Billing Fax - -

Institution Name (Please Print)

Street Address

City State Zip Code -

Province (Use abbreviation) Country



Section VI: Authorizing Signature

The System Pathologist identified in Section I must authorize the College of American Pathologists to create a System Inspection relationship for all indicated laboratories when it is determined that your system meets eligibility requirements.

I hereby authorize the College of American Pathologists to create a System relationship linking the laboratories indicated in this application.

System Pathologist's Signature _____ Date _____

Print System Pathologist's Name _____

Questions and Technical Assistance

If you have questions about your System Inspection Application, please call the CAP Accreditation Program at 800-323-4040.

Fax completed application to:

CAP Accreditation Program
Fax: 847-832-8842

Or mail to:

CAP Accreditation Program
College of American Pathologists
325 Waukegan Road
Northfield, Illinois 60093-2750

Or email to:

accred@cap.org

