





**COLLEGE of AMERICAN  
PATHOLOGISTS**

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cdm@cap.org | cap.org

CAP Number

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**EMAIL TO: [cdm@cap.org](mailto:cdm@cap.org)**

## 2020 Laboratory Improvement Programs Order Form

**Proficiency Testing Shipping Address - Used for Shipping PT Kits. Cannot be a PO Box.**

Department Name

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Street Address (Note: Program materials cannot be delivered to a PO Box)

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City

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State/Province

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Postal Code (Required)

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Country

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**Proficiency Testing Mailing Address (if different than Shipping Address) - Used for Mailing Evaluations and Other Reports**

Select if same as shipping address

Street Address

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City

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State/Province

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Postal Code (Required)

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Country

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**EMAIL TO: cdm@cap.org**

# 2020 Laboratory Improvement Programs Order Form

**Payment Information** To avoid delay, you **MUST INCLUDE ONE** of the five following methods of payment.

<p>1 <input type="text" value="Check Number (Payable to College of American Pathologists)"/></p> <p>2 <input type="text" value="Purchase Order Number"/></p> <p>3 <input type="text" value="Card Number (Visa, MC, or AMEX)"/></p> <p><input type="text" value="Card Holder Name"/></p> <p>Cardholder's Signature <input checked="" type="checkbox"/> _____</p>	<p>Payment Total <input type="text"/></p> <p><input type="radio"/> Pro-Forma Required</p> <p>Expiration Date (MM/YY) <input type="text"/> / <input type="text"/></p>	<p align="center"><b>For CAP Office Use Only</b></p> <p><input type="radio"/> TEF    <input type="radio"/> TEN    <input type="radio"/> NOPO    <input type="radio"/> CT</p> <p><input type="radio"/> MO/OP (See order #) _____</p> <p>4 <input type="radio"/> Letter of Authorization (include copy of letter)</p> <p>5 <input type="radio"/> Wire Transfer (refer to the Ordering Information online for bank details)</p>
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**Billing Information**

Mr.     Ms.     Billing Contact (First/Given Name)

Mrs.     Dr.   

MD     DO     PhD

Other \_\_\_\_\_

Country Code     Billing Phone Number (Required)     Extension     Tax ID/VAT

Postal Code (Required)     Country





CAP Number

Grid for CAP Number

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2020 Gynecologic Cytology Proficiency Testing Order Details

- Use this page to select your testing dates and register proctors. See the CAP 2020 Catalog, PAP pages and PAP Shipping and Pricing for details.

Testing Dates

This page is not to be used by those ordering PAP Education. You must indicate three testing sessions for your 2020 cytology proficiency testing. New proctors should be added to this form. The CAP will attempt to schedule your preference; however, we may assign an alternative session to you.

Table with 3 columns: First Choice Session, Second Choice Session, Third Choice Session. Each column lists dates from Feb to Nov with radio button selection options.

PAPPT Proctors (Test Monitors)

All laboratories providing their own proctors must complete this form.

Proctors Information

All proctors will read the proctor packet instructions, take the proctor examination annually, and perform the duties of the proficiency testing proctor.

Form 1: Proctor 1. Includes gender options (Mr., Ms., Mrs., Dr.), name fields, specialty options (CT, MD, MT, Other), and email field.

Form 2: Proctor 2. Includes gender options, name fields, specialty options, and email field.

Form 3: Proctor 3. Includes gender options, name fields, specialty options, and email field.

Form 4: Proctor 4. Includes gender options, name fields, specialty options, and email field.

Signature

I certify that the selected individuals meet the criteria specified and are capable of performing the duties and responsibilities of the proficiency testing proctor.

Signature of Lab Director or Designee

Date





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## 2020 Laboratory Improvement Programs Order Form

To order these new programs, specify the quantity.

New Program Description	Quantity	Unit Price (USD)	Extended Amount	New Program Description	Quantity	Unit Price (USD)	Extended Amount
<b>Quality Management Tools</b>				<b>Reproductive Medicine</b>			
Technical Competency Assessment of Peripheral Blood Smears (QP201)	<input type="text"/>	_____	_____	Postvasectomy Sperm Count—Automated (PV1)	<input type="text"/>	_____	_____
Red Blood Cell Utilization: Single and Double Unit Transfusions (QP202)	<input type="text"/>	_____	_____	<b>Microbiology</b>			
Inpatient Test Utilization and Volume Benchmarking (QP203)	<input type="text"/>	_____	_____	Carbapenem-resistant Organisms (CRO)	<input type="text"/>	_____	_____
Turnaround Time for Image-Guided Breast Needle Biopsy Specimens (QP204)	<input type="text"/>	_____	_____	Gastrointestinal Panel, 5 Challenge (GIP5)	<input type="text"/>	_____	_____
<b>Quality Cross Check</b>				HSV, VZV—Molecular (ID5)	<input type="text"/>	_____	_____
Quality Cross Check—Cardiac Markers (CRTQ)	<input type="text"/>	_____	_____	Infectious Disease, Pneumonia Panel (IDPN)	<input type="text"/>	_____	_____
Quality Cross Check—Transfusion Medicine (JATQ)	<input type="text"/>	_____	_____	<i>Mycoplasma genitalium</i> , Molecular (MGEN)	<input type="text"/>	_____	_____
<b>General Chemistry and Therapeutic Drug Monitoring</b>				Molecular Vaginal Panel (MVP)	<input type="text"/>	_____	_____
Fecal Calprotectin (FCAL)	<input type="text"/>	_____	_____	Routine Microbiology Combination (RMC)	<input type="text"/>	_____	_____
Plasma Cardiac Markers International (PCARI)	<input type="text"/>	_____	_____	<b>Immunology and Flow Cytometry</b>			
<b>Endocrinology</b>				Flow Cytometry—Post-Immunotherapy Analysis (FL6)	<input type="text"/>	_____	_____
MMA and Active B12 (MMA)	<input type="text"/>	_____	_____	<b>Transfusion Medicine, Viral Markers, and Parentage Testing</b>			
<b>Toxicology</b>				Antibody Titer—Automated (AABT)	<input type="text"/>	_____	_____
Antifungal Drugs Monitoring (AFD)	<input type="text"/>	_____	_____	Antibody Titer—Automated (AABT1)	<input type="text"/>	_____	_____
Novel Opioids and Benzodiazepines (NOB)	<input type="text"/>	_____	_____	Antibody Titer—Automated (AABT2)	<input type="text"/>	_____	_____
Blood Cannabinoids (THCB)	<input type="text"/>	_____	_____	Antibody Titer—Automated (AABT3)	<input type="text"/>	_____	_____
<b>Accuracy-Based Programs</b>				Viral Markers—Series 6, Additional Material (VM6X)	<input type="text"/>	_____	_____
Accuracy-Based Glucose, Insulin, and C-Peptide (ABGIC)	<input type="text"/>	_____	_____	<b>Genetics and Molecular Pathology</b>			
<b>Instrumentation Verification Tools</b>				CAP/ACMG Cardiomyopathy Sequencing Panel (CMSP)	<input type="text"/>	_____	_____
C-Peptide/Insulin Calibration Verification/Linearity (LN46)	<input type="text"/>	_____	_____	CAP/ACMG Inherited Cancer Sequencing Panel (ICSP)	<input type="text"/>	_____	_____

Please allow 5 business days to process your renewal order.

Page Total (USD) \$ \_\_\_\_\_





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New Program Description	Quantity	Unit Price (USD)	Extended Amount	New Program Description	Quantity	Unit Price (USD)	Extended Amount
<b>Anatomic Pathology</b>				<b>CAP Publications</b>			
CD30 Immunohistochemistry Tissue Microarray (CD30)	<input type="text"/>	_____	_____	Color Atlas of Hematology, 2nd Edition (PUB222)	<input type="text"/>	_____	_____
CAP/ACMG HER2 Gene Amplification by FISH, Interpretation Only (CYHI)	<input type="text"/>	_____	_____	Color Atlas of Mycology (PUB226)	<input type="text"/>	_____	_____
Dermatopathology Immunohistochemistry (DPIHC)	<input type="text"/>	_____	_____	Atlas of Fundamental Infectious Diseases Histopathology (PUB127)	<input type="text"/>	_____	_____
CAP/NSH HistoQIP In Situ Hybridization (Kappa/Lambda) (HQISH)	<input type="text"/>	_____	_____	Medical Kidney Diseases (PUB129)	<input type="text"/>	_____	_____
CAP/NSH HistoQIP Melanoma IHC (HQMEL)	<input type="text"/>	_____	_____	Laboratory Administration for Pathologists, 2nd Edition (PUB312)	<input type="text"/>	_____	_____
CAP/NSH HistoQIP Central Nervous System IHC (HQNEU)	<input type="text"/>	_____	_____	Clinical Toxicology Testing, 2nd Edition (PUB227)	<input type="text"/>	_____	_____
HQIP Whole Slide Image Quality Improvement Program (HQWSI)	<input type="text"/>	_____	_____	Ultrasound Features of Superficial and Palpable Lesions (PUB128)	<input type="text"/>	_____	_____
c-Myc/Bcl-2 Immunohistochemistry Tissue Microarray (MYBC)	<input type="text"/>	_____	_____	<b>Benchtop Reference Guides</b>			
p16 Immunohistochemistry Tissue Microarray (P16)	<input type="text"/>	_____	_____	Bone Marrow Benchtop Reference Guide (BMBRG)	<input type="text"/>	_____	_____
<b>Competency Assessment Program with Safety &amp; Compliance Courses</b>				Semen Analysis Benchtop Reference Guide (SABRG)	<input type="text"/>	_____	_____
Competency Assessment Program, 2 to 50 total users (CA0050)	<input type="text"/>	_____	_____				
Competency Assessment Program, 51 to 250 total users (CA0250)	<input type="text"/>	_____	_____				
Competency Assessment Program (CA0050) with Safety & Compliance Courses (XCA0050), 2 to 50 total users	<input type="text"/>	_____	_____				
Competency Assessment Program (CA0250) with Safety & Compliance Courses (XCA0250), 51 to 250 total users	<input type="text"/>	_____	_____				
For single users or more than 250 users, please contact the CAP.							
<b>CAP QMEd Online Education (One-year license)</b>							
Quality Culture (ISOEDCL)	<input type="text"/>	_____	_____				

Please allow 5 business days to process your renewal order.

Page Total (USD) \$ \_\_\_\_\_





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**Enter the appropriate program code and quantity to order. (Note: The CAP will apply appropriate S/H charges.)**

Program Code	Description	Quantity	Unit Price	Extended Amount
<input type="text"/>		<input type="text"/>		
<input type="text"/>		<input type="text"/>		
<input type="text"/>		<input type="text"/>		
<input type="text"/>		<input type="text"/>		
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<input type="text"/>		<input type="text"/>		
<input type="text"/>		<input type="text"/>		
<input type="text"/>		<input type="text"/>		

Please allow 5 business days to process your renewal order.

Thank You!

Page Total \$ \_\_\_\_\_

\*Actual sales tax will be calculated based upon your ship-to address and the taxability of the items purchased. Duties, taxes and other fees are the responsibility of the customer at the time of delivery.





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Program Code	Description	Quantity	Unit Price	Extended Amount
<input type="text"/>		<input type="text"/>		
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<input type="text"/>		<input type="text"/>		

Please allow 5 business days to process your renewal order.

Thank You!

Page Total \$ \_\_\_\_\_

\*Actual sales tax will be calculated based upon your ship-to address and the taxability of the items purchased. Duties, taxes and other fees are the responsibility of the customer at the time of delivery.







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**Enter the appropriate program code and quantity to order. (Note: The CAP will apply appropriate S/H charges.)**

Program Code	Description	Quantity	Unit Price	Extended Amount
<input type="text"/>		<input type="text"/>		
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<input type="text"/>		<input type="text"/>		

Please allow 5 business days to process your renewal order.  
If you need additional space to enter your order, print and copy this page as needed.

Thank You!

Page Total	\$ _____
Subtotal from Prior Page(s)	\$ _____
Estimated Sales Tax*	\$ _____
Fuel Surcharge	\$ _____
Order Total	\$ _____

\*Actual sales tax will be calculated based upon your ship-to address and the taxability of the items purchased. Duties, taxes and other fees are the responsibility of the customer at the time of delivery.

