



COLLEGE of AMERICAN
PATHOLOGISTS

325 Waukegan Rd.
Northfield, IL 60093-2750
t: 800-323-4040 option 1
d: 847-832-7000 option 1
f: 847-832-8168
cdm@cap.org | cap.org

Shop: estore.cap.org
Email: cdm@cap.org

CAP Number (if you have one)

CLIA Number (if applicable)

Laboratory Improvement Programs Order Form

Institution Name

Laboratory Name (Optional)

Area Code

Laboratory Phone Number

Extension

Medical Director

Mr. Ms. Medical Director (First/Given Name) Medical Director (Last/Family Name) MD DO PhD
Mrs. Dr. Other

Medical Director Email

Area Code

Medical Director Phone Number

Extension

Proficiency Testing Ordering Contact - Order Questions

Mr. Ms. PT Ordering Contact (First/Given Name) PT Ordering Contact (Last/Family Name) MD DO PhD
Mrs. Dr. Other

PT Ordering Contact Email

Area Code

PT Ordering Contact Phone Number

Extension

Proficiency Testing Shipping Contact - Shipment Inquiries and Notifications

Mr. Ms. PT Shipping Contact (First/Given Name) PT Shipping Contact (Last/Family Name) MD DO PhD
Mrs. Dr. Other

Shipping Contact Email (Required)

Area Code

Shipping Contact Phone Number (Required)

Extension



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Laboratory Improvement Programs Order Form

Laboratory's Physical Address

Street Address

City

State/Province

Postal Code (Required)

Country

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

Please select the option below that applies to the location where your PT kit materials are shipped. If "Same as Laboratory's Physical Address" is selected, then leave the rest of this section blank.

Same as Laboratory's Physical Address

Department Name or Alternate Ship To

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

City

State/Province

Postal Code (Required)

Country

Proficiency Testing Mailing Address - Used for Mailing Evaluations and Other Reports

Please select the option below that indicates where your evaluations and reports will be sent and go to the next page. If these reports need to be sent to a different location than the laboratory's physical address or the PT Shipping Address, then please provide the information below.

Same as Laboratory's Physical Address

Same as PT Shipping Address

Department Name (If not provided above)

Street Address

City

State/Province

Postal Code (Required)

Country



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Laboratory Improvement Programs Order Form

Payment Information

If you wish to submit an order for processing, you must **include one** of the five payment methods to avoid delays.

1. If making payment by check, please make payable to the College of American Pathologists in US dollars. Indicate the check number below and send the check to the address provided.

Check Number

Send check to:

College of American Pathologists
P.O. Box 71698
Chicago, IL 60694-1698

2. We accept payment by credit card (Visa, Mastercard, or American Express) and require the information noted below. If prefer to provide this by phone, please contact us at the number noted at the top of the form.

Card Number (Visa, MC, or AMEX)

Expiration Date (MM/YY)

Card Holder Name

Cardholder's Signature

3. A purchase order indicates a future commitment to pay. Once it is generated, please indicate the purchase order number below. **Include a copy of the full purchase order with your completed order form.**

Purchase Order Number

4. If a purchase order is not available, a signed letter of authorization on your institution's letterhead is acceptable. Please specify the payment method (bank draft, wire transfer, etc.) in your letter. **Include a copy of the letter with your completed order form.**

Letter of Authorization

5. The customer is responsible for all bank fees associated with submitting a wire transfer; therefore that amount should be included with your payment. (See Ordering Supplement for additional information.) When submitting payment, please include customer name, CAP number, account number, and invoice and/or order number. Information on where to remit payment is provided below.

Wire Transfer

Remit payment to:

BMO Harris Bank N.A.
111 West Monroe Street
Chicago, Illinois 60606 USA
Phone: +001-312-461-2323

Account Name: The College of American Pathologists

Account Number: 223-733-7

ABA Number: 071000288

SWIFT #: HATRUS44

Payment Total – for any method indicated above

\$ _____



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2021 Gynecologic Cytology Proficiency Testing Order Details

- Use this page to select your testing dates and register proctors.
- See the CAP 2021 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 2021 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.

First Choice Session (Fill one.)				Second Choice Session (Fill one.)				Third Choice Session (Fill one.)			
Feb 8	Apr 19	Jul 12	Sep 20	Feb 8	Apr 19	Jul 12	Sep 20	Feb 8	Apr 19	Jul 12	Sep 20
Feb 22	May 3	Jul 26	Oct 4	Feb 22	May 3	Jul 26	Oct 4	Feb 22	May 3	Jul 26	Oct 4
Mar 8	May 17	Aug 9	Oct 18	Mar 8	May 17	Aug 9	Oct 18	Mar 8	May 17	Aug 9	Oct 18
Mar 22	Jun 7	Aug 23	Nov 1	Mar 22	Jun 7	Aug 23	Nov 1	Mar 22	Jun 7	Aug 23	Nov 1
Apr 5	Jun 21	Sep 7	Nov 15	Apr 5	Jun 21	Sep 7	Nov 15	Apr 5	Jun 21	Sep 7	Nov 15

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.

Mr. Ms. First/Given Name Last/Family Name CT MD MT
Mrs. Dr. _____ Other _____
Email _____

Signature _____

Mr. Ms. First/Given Name Last/Family Name CT MD MT
Mrs. Dr. _____ Other _____
Email _____

Signature _____

Mr. Ms. First/Given Name Last/Family Name CT MD MT
Mrs. Dr. _____ Other _____
Email _____

Signature _____

Mr. Ms. First/Given Name Last/Family Name CT MD MT
Mrs. Dr. _____ Other _____
Email _____

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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Laboratory Improvement Programs Order Form

Every year the CAP adds programs to our offering, addressing evolving practice and emerging needs in laboratory medicine. Below is a list of new programs for 2020-2021.

New Program Description and Program Code	Quantity	Unit Price	Total Price (Qty x Unit Price)
Anatomic Pathology			
CAP/ACMG <i>HER2</i> Gene Amplification by FISH, Interpretation Only (CYHI)	<hr/>	<hr/>	<hr/>
CAP/NSH HistoQIP Central Nervous System IHC (HQNEU)	<hr/>	<hr/>	<hr/>
CAP/NSH HistoQIP In Situ Hybridization (Kappa/Lambda) (HQISH)	<hr/>	<hr/>	<hr/>
CAP/NSH HistoQIP Melanoma IHC (HQMEL)	<hr/>	<hr/>	<hr/>
Dermatopathology Immunohistochemistry (DPIHC)	<hr/>	<hr/>	<hr/>
Ki-67 Immunohistochemistry TMA (KI67)	<hr/>	<hr/>	<hr/>
MYC/Bcl-2 Immunohistochemistry TMA (MYCB)	<hr/>	<hr/>	<hr/>
General Chemistry and Therapeutic Drug Monitoring			
High Sensitivity Cardiac Markers CRT (HCRT)	<hr/>	<hr/>	<hr/>
High Sensitivity Cardiac Markers CRTI (HCRTI)	<hr/>	<hr/>	<hr/>
High Sensitivity Cardiac Markers TNT (HTNT)	<hr/>	<hr/>	<hr/>
Genetics and Molecular Pathology			
AA Quant Inherited Metabolic Disorders (BGL2)	<hr/>	<hr/>	<hr/>
Hematology and Clinical Microscopy			
Hematology Automated Diff (FH16/FH16P)	<hr/>	<hr/>	<hr/>
Histocompatibility			
HLA Antibody Screen/ID & Crossmatch (MXB)	<hr/>	<hr/>	<hr/>
HLA Antibody Screen/ID & Crossmatch (MXC)	<hr/>	<hr/>	<hr/>
HLA Antibody Screen/ID & Crossmatch (MXE)	<hr/>	<hr/>	<hr/>

Please allow **5** business days to process your order.

Page Total \$



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Immunology and Flow Cytometry			
SARS-CoV-2 Serology (COVS)	_____	_____	_____
Flow Cytometry—T-Cell Subsets Analysis (FL7)	_____	_____	_____
Mature B-Cell Leukemia/Lymphoma MRD (FL8)	_____	_____	_____
Plasma Cell Myeloma MRD (FL9)	_____	_____	_____
Post-Immunotherapy Analysis (FL6)	_____	_____	_____
Rare Flow Antigen Validation, CD30 (RFAV3)	_____	_____	_____
Microbiology			
Bacterial Blood Culture, Molecular (BCM)	_____	_____	_____
HSV, VZV—Molecular (ID5)	_____	_____	_____
Infectious Disease, Pneumonia Panel (IDPN)	_____	_____	_____
Meningitis/Encephalitis Panel, 5 Challenge (IDM5)	_____	_____	_____
Molecular MTB Detection & Resistance, 5 Challenge (MTR5)	_____	_____	_____
<i>Mycoplasma genitalium</i> , Molecular (MGEN)	_____	_____	_____
Routine Microbiology Combination (RMC)	_____	_____	_____
SARS-CoV-2, Molecular (COV2)	_____	_____	_____
Yeast Blood Culture, Molecular (YBC)	_____	_____	_____
Quality Cross Check			
Quality Cross Check—Cardiac Markers (CRTQ)	_____	_____	_____
Quality Management Tools			
Antimicrobial Susceptibility Testing (QP211)	_____	_____	_____
Technical Competency Assessment of GMST (QP212)	_____	_____	_____
Physician Satisfaction with Clin Lab (QP213)	_____	_____	_____

Please allow **5** business days to process your order.

Page Total

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Laboratory Improvement Programs Order Form

In addition to our testing programs, the CAP provides other resources to support your laboratory's quality initiatives. Below is a selection of some of those resources.

Resource Description and Code	Quantity	Unit Price	Total Price (Qty x Unit Price)
Competency Assessment Program with Safety & Compliance Courses			
Competency Assessment Program, 2 to 50 total users (CA0050)	_____	_____	_____
Competency Assessment Program, 51 to 250 total users (CA0250)	_____	_____	_____
Competency Assessment Program, 251 to 500 total users (CA0500)	_____	_____	_____
Competency Assessment Program (CA0050) with Safety & Compliance Courses (XCA0050), 2 to 50 total users	_____	_____	_____
Competency Assessment Program (CA0250) with Safety & Compliance Courses (XCA0250), 51 to 250 total users	_____	_____	_____
Competency Assessment Program (CA0500) with Safety & Compliance Courses (XCA0500), 251 to 500 total users	_____	_____	_____
For single users or more than 500 users, please contact the CAP.			
CAP QMED Online Education (One-year license)			
15189 Walkthrough (QMEDWALK)	_____	_____	_____
Document Control (QMEDDOCU)	_____	_____	_____
Internal Auditing (QMEDAUDT)	_____	_____	_____
Management Review (QMEDMGMT)	_____	_____	_____
Mistake Proofing (QMEDMIST)	_____	_____	_____
QMS Implementation Roadmap (QMEDROAD)	_____	_____	_____
Quality Culture (QMEDQCUL)	_____	_____	_____
Quality Manual Development (QMEDMANL)	_____	_____	_____
Root Cause Analysis (QMEDROOT)	_____	_____	_____

Please allow **5** business days to process your order.

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Resource Description and Code	Quantity	Unit Price	Total Price (Qty x Unit Price)
Benchtop Reference Guides			
Arthropod Benchtop Reference Guide (ABRG)	_____	_____	_____
Body Fluids Benchtop Reference Guide (BFBRG)	_____	_____	_____
Bone Marrow Benchtop Reference Guide (BMBRG)	_____	_____	_____
Gram Stain Benchtop Reference Guide (GSBRG)	_____	_____	_____
Hematology Benchtop Reference Guide (HBRG)	_____	_____	_____
Mycology Benchtop Reference Guide (MBRG)	_____	_____	_____
Parasitology Benchtop Reference Guide (PBRG)	_____	_____	_____
Urinalysis Benchtop Reference Guide (UABRG)	_____	_____	_____
Semen Analysis Benchtop Reference Guide (SABRG)	_____	_____	_____
CAP Publications			
Color Atlas of Hematology, 2nd Edition (PUB222)	_____	_____	_____
Clinical Toxicology Testing, 2nd Edition (PUB227)	_____	_____	_____
Transfusion Medicine: A Compendium of Educational Cases (PUB228)	_____	_____	_____
For more publication information please visit the Publications section on cap.org website.			

Please allow **5** business days to process your order.

Page Total \$ _____

