



Laboratory Improvement Programs Order Form for International Laboratories

Instructions:

This form may be (a) used to submit your completed order or (b) filled out to request a formal quotation (select “Pro-Forma Required” in the Payment Information section). If you require assistance with program selection or have additional questions related to our program offering, please contact our International Market Development Team (internationalteam@cap.org).

Initial Information:

To create your account in our system and assign you a unique identifier (seven-digit CAP number), we need some basic information.

- Institution Name – this is the overall organization name and will appear in your Organization Profile online
- Laboratory Name (optional) – this will allow you to provide an extension of your institution name or provide a secondary laboratory name

Medical Director:

This is the primary management contact for the testing site, and required information to participate in our external quality assurance (EQA)/proficiency testing (PT) programs. This person does not need to possess an MD or PhD degree.

Additional PT Contact Information:

Participation in the CAP PT programs requires several communications. Specifying the appropriate information below will ensure prompt communication.

- Ordering Contact – used for ordering questions; receives order acknowledgements and order confirmations
- Shipping Contact – used for shipment inquiries including customs clearance; receives shipment notifications
- Shipping Address – used for delivery of PT kits and binders
 - This must be a physical address. PO boxes are not acceptable.
 - Most customers use the physical street address for the organization. Be as specific as possible eg, the receiving department, the room or floor level of the laboratory).
 - If your shipments are managed through a third party (a freight forwarder, a distributor, etc.), then please indicate the appropriate option and provide the related information.
- Mailing Address – this is to receive evaluation reports and other documents (non-kit materials); if this is blank, the shipping address will be the default for mailing items

CAP Invoice Types:

Each type of invoice listed below serves a different purpose and not all may apply to your organization.

- Proforma Invoice – preliminary bill of sale with a quotation; may be used for a cost estimate or to support generation of purchase order within your organization
- Commercial Invoice – document that provides additional information regarding the kits and is used for customs declaration during shipment
- Financial Invoice – document that itemizes the sales of programs and services used by the customer to remit payment to CAP

Payment Information:

- To receive a formal quotation, please select “Pro-Forma Required,” leave the rest of the page blank and complete the Billing Information section on the following page.
- If you wish to place an order, then please indicate one of the payment methods and provide the requested information. There are five payment options – check, purchase order, credit card, letter of authorization, and wire transfer – with instructions for each option.

Billing Information:

To avoid order delays, we need the appropriate financial contact name, mailing address, and email address. Invoices related to your EQA/PT will be emailed to the contact provided. If the payment to the CAP is made by a sales agent/distributor, then please provide their related information where indicated on the form.

Programs Selection:

The remaining pages capture the programs you would like to order. The first set of pages feature new programs and selected additional resources. The remaining pages are blank for you to enter your order. Please print out additional blank pages if needed.



COLLEGE of AMERICAN
PATHOLOGISTS

325 Waukegan Rd.
Northfield, IL 60093-2750 USA
t: +001-847-832-7000 option 1
f: +001-847-832-8168
cdm@cap.org | cap.org

CAP Number (if you have one)

CLIA Number (if applicable)

Email completed form to: cdm@cap.org

Laboratory Improvement Programs Order Form for International Laboratories

Institution Name

Laboratory Name (Optional)

Country 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

Country 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

Country Code

PT Ordering Contact Phone Number

Extension

Proficiency Testing Shipping Contact - Shipment Inquiries, Customs Clearance, 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)

Country Code

Shipping Contact Phone Number (Required)

Extension



Email completed form to: cdm@cap.org

Laboratory Improvement Programs Order Form for International Laboratories

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

**Freight Forwarder or other address in the US
Alternate Ship To** (ie, in-country address of distributor, sales agent, or other)

Department, Alternate Ship To, or Freight Forwarder Name

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 for International Laboratories

Payment Information

If you want a formal quotation, select "Pro-Forma Required." This is NOT a method of payment.

Pro-Forma Required

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

\$



COLLEGE of AMERICAN
PATHOLOGISTS

325 Waukegan Rd.
Northfield, IL 60093-2750 USA
t: +001-847-832-7000 option 1
f: +001-847-832-8168
cdm@cap.org | cap.org

CAP Number (if you have one)

Email completed form to: cdm@cap.org

Laboratory Improvement Programs Order Form for International Laboratories

Billing Information

Mr. Ms. **Billing Contact** (First/Given Name) **Billing Contact** (Last/Family Name) **MD DO PhD**
Mrs. Dr. _____ **Other** _____

Select if the **Commercial Invoice** (shipment invoice) should include the billing or buying agent contact.

Note: Commercial Invoice is for shipment purposes only; it is not the Financial invoice that you remit payment on to the CAP for your order.

Billing Contact Email (Required)

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

Institution Name (Please print)

Laboratory Name (Optional)

Department Name or Alternative Bill To Name

Accounts Receivable (A/R) Number (If available)

Street Address

City

State/Province

Postal Code (Required)

Country

Note: For special billing or documentation needs please contact the CAP's Customer Data Management team (cdm@cap.org).



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Laboratory Improvement Programs Order Form for International Laboratories

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. If you need or are interested in getting assistance to finding the appropriate PT (for a given laboratory section or entire laboratory testing menu), please contact internationalteam@cap.org.

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



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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 for International Laboratories

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. *Note: all content is only available in English.*

Resource Description and Code	Quantity	Unit Price (USD)	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)	_____	_____	_____

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

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

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