



COLLEGE of AMERICAN
PATHOLOGISTS

Laboratory Quality Solutions

Shop: estore.cap.org

Email: cdm@cap.org

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

CAP Number (if you have one)

CLIA Number (if applicable)

2026 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 (PT)/External Quality Assessment (EQA) Ordering Contact - Used for Ordering Questions

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

PT/EQA Ordering Contact Email

Area Code

PT/EQA Ordering Contact Phone Number

Extension

PT/EQA Shipping Contact - Used for Shipment Inquiries and Notifications

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

PT/EQA Shipping Contact Email (Required)

Area Code

PT/EQA Shipping Contact Phone Number (Required)

Extension



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2026 Laboratory Improvement Programs Order Form

Laboratory's Physical Address

Street Address

City

State/Province

Postal Code (Required)

Country

PT/EQA Shipping Address - Used for Shipping PT/EQA Kits. Cannot be a PO box.

Please select the option below that applies to the location where your PT/EQA 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

Area Code

Phone Number

Extension

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

City

State/Province

Postal Code (Required)

Country

PT/EQA 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/EQA Shipping Address, then please provide the information below.

Same as Laboratory's Physical Address

Same as PT/EQA Shipping Address

Department Name (If not provided above)

Street Address

City

State/Province

Postal Code (Required)

Country



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2026 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. 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 Bank N.A.
320 S. Canal Street
Chicago, IL 60606 USA
Phone: 312-461-2323
(Country code: 1)

Account Name: The College of American
Pathologists Account Number: 2237337
ABA Number: 071000288
SWIFT #: HATRUS44

2. The CAP accepts credit card for payment (VISA, Mastercard, and American Express). To keep your card information safe, please provide a contact and indicate a phone number for the CAP to directly contact.

Contact Name

Phone number

Best time to call locally

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. 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
325 Waukegan Rd, Northfield IL 60093

Payment Total – for any method indicated above

\$



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2026 Laboratory Improvement Programs Order Form

Billing Information

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

Billing Contact Email (Required)

Country Code	Billing Phone Number (Required)	Extension
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Billing Institution Name (Please print)

Billing Street Address

City	State/Province
------	----------------

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



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2026 Gynecologic Cytology Proficiency Testing Order Details

- Use this page to select your testing dates and register proctors.
- See the CAP 2026 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 2026 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 2	Apr 20	Jul 6	Sep 21	Feb 2	Apr 20	Jul 6	Sep 21	Feb 2	Apr 20	Jul 6	Sep 21
Feb 17	May 4	Jul 20	Oct 5	Feb 17	May 4	Jul 20	Oct 5	Feb 17	May 4	Jul 20	Oct 5
Mar 2	May 18	Aug 3	Oct 19	Mar 2	May 18	Aug 3	Oct 19	Mar 2	May 18	Aug 3	Oct 19
Mar 16	Jun 1	Aug 17	Nov 2	Mar 16	Jun 1	Aug 17	Nov 2	Mar 16	Jun 1	Aug 17	Nov 2
Apr 6	Jun 15	Sep 8	Nov 16	Apr 6	Jun 15	Sep 8	Nov 16	Apr 6	Jun 15	Sep 8	Nov 16

PAPPT Proctors (Test Monitors)

All laboratories must complete this form and are required to have 2 passing proctors for their PAP PT testing event.

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.

Laboratory Director or Designee Signature

Date



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2026 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 2025-2026.

New Program Description and Program Code	Quantity	Unit Price (USD)	Total Price (Qty x Unit Price)
Anatomic Pathology			
Human Papillomavirus (High Risk) for Cytopathology (CHPV)			
Anatomic Pathology/Immunohistochemistry Interpretation Only Programs			
Gastric, Pan Tumor HER2, Interpretation Only (GPH)			
Gastric, Pan Tumor HER2, Interpretation Only, Additional Pathologist (GPH1)			
PD-L1 Tumor Proportion Score IHC, Interpretation Only (TPS)			
PD-L1 Tumor Proportion Score IHC, Interpretation Only, Additional Pathologist (TPS1)			
HER2 and ER Immunohistochemistry Interpretation Only, Additional Pathologist (HERI1)			
Anatomic Pathology/Surgical Pathology			
CAP/NSH HistoQIP Pediatric Program (HQPED)			
Endocrinology			
Parathyroid Hormone (PTH)			
General Chemistry and Therapeutic Drug Monitoring			
Waived Hemoglobin (HCC1)			
Point-of-Care High-Sensitivity Troponin I (PCHT)			
Waived Hematocrit, Hemoglobin, and Urinalysis/Urine hCG (HCC3)			
Waived Whole Blood Glucose (HCC4)			
Genetics and Molecular Pathology/Cytogenetics			
Optical Genome Mapping (OGM)			

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

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Histocompatibility			
HLA Antibody Screen (Class I/Class II) Only (MXS)			
HLA Crossmatching, Antibody Screen, and Antibody Identification (Class I/Class II), Extra Plasma (MXEP)			
Immunology and Flow Cytometry/Immunology			
Thyroid Stimulating Hormone (TSH) Receptor Binding Antibody (TSHR)			
Instrumentation Verification Tools/Calibration Verification/Linearity			
Thyroid Panel Calibration Verification/Linearity (LN50)			
Factor VIII Calibration Verification/Linearity (LN51)			
HBV Viral Load Calibration Verification/Linearity (LN52)			
Reticulocyte Calibration Verification/Linearity (LN53)			
Microbiology/Bacteriology			
Shiga Toxin, Extra Volume (STX)			
Microbiology/Infectious Disease Serology			
Dengue Virus Serology (DENS)			
Microbiology/Multidiscipline Microbiology			
Gastrointestinal Panel, Global (GIPN)			

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Microbiology/Parasitology			
Rapid Malaria, 5 Challenge (RML5)			
Trichomonas vaginalis, Molecular, 5 Challenge (TVG5)			
Microbiology/Virology			
HIV-1/HIV-2 Detection and Differentiation, Molecular (HVDD)			
H5N1 Influenza A Detection and Subtyping (FLUA)			
Quality Management Tools			
Comparative Inpatient Analyte Volumes for Individual and Integrated Laboratories (QPA5)			
Comparative Inpatient Analyte Volumes for Individual and Integrated Laboratories (QPA10)			
Transfusion Medicine, Viral Markers, and Parentage Testing/Transfusion Medicine			
Transfusion Medicine - Automated (JATXM)			
Transfusion Medicine - Comprehensive (JXM)			
Red Blood Cell Antigen Typing-Automated (ARCT)			
Weak RHD Genotyping (WRHG)			
Transfusion Medicine, Viral Markers, and Parentage Testing/Viral Markers			
Nucleic Acid Testing, Babesia (NAT1)			
Continuing Medical Education			
Direct transmission provides faster and more accurate results reporting by enabling laboratories to electronically transmit quantitative results from most of the major laboratory information systems or using Data Innovations Instrument Manager. This complimentary service is available for all participants currently enrolled in our PT/EQA programs. For further information, please enter a quantity of '1' and your account representative will contact you.			

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Online Education Programs and Solutions	Quantity	Unit Price (USD)	Total Price (Qty x Unit Price)
Competency Assessment Hub With Optional Safety & Compliance Courses Only enter a quantity of one for each			
Competency Assessment Hub, 2 to 50 total users (CA0050)			
Competency Assessment Hub, 51 to 250 total users (CA0250)			
Competency Assessment Hub (CA0050) with Safety & Compliance Courses (XCA0050), 2 to 50 total users			
Competency Assessment Hub (CA0250) with Safety & Compliance Courses (XCA0250), 51 to 250 total users			
For single users or more than 250 users, please contact the CAP.			
CAP QMED Online Education (One-year license) Only enter a quantity of one for each			
Change Management (QMEDCHNG)			
15189 Walkthrough (QMEDWALK)			
Document Control (QMEDDOCU)			
Internal Auditing (QMEDAUDT)			
Risk Management (QMEDRISK)			
Management Review (QMEDMGMT)			
Mistake Proofing (QMEDMIST)			
QMS Implementation Roadmap (QMEDROAD)			
Quality Culture (QMEDQCUL)			
Quality Manual Development (QMEDMANL)			
Root Cause Analysis (QMEDROOT)			
Purchase all 10 QMED courses for a 25% discount.			

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Publications and Reference Guides	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 (HBRG2)	<hr/>	<hr/>	<hr/>
Mycology Benchtop Reference Guide (MBRG)	<hr/>	<hr/>	<hr/>
Parasitology Benchtop Reference Guide (PBRG)	<hr/>	<hr/>	<hr/>
Semen Analysis Benchtop Reference Guide (SABRG)	<hr/>	<hr/>	<hr/>
Urinalysis Benchtop Reference Guide (UABRG)	<hr/>	<hr/>	<hr/>
CAP Publications			
CAP Practical Guide to Gynecologic Cytopathology, 2nd Edition (PUB134)	<hr/>	<hr/>	<hr/>
Quality Management in Clinical Laboratories, 2nd Edition (PUB319)	<hr/>	<hr/>	<hr/>
Whole Blood Viscoelastic Assays in Clinical Diagnosis: An Illustrated Case-based Guide (PUB231)	<hr/>	<hr/>	<hr/>
Color Atlas of Flow Cytometry (PUB230)	<hr/>	<hr/>	<hr/>
Color Atlas of Hematology Vol. 2 (Bone Marrow), 2nd Edition (PUB229)	<hr/>	<hr/>	<hr/>
Disruptive Technologies (PUB318)	<hr/>	<hr/>	<hr/>
For more publication information, visit cap.org and click Publications .			

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If you need additional space to enter more programs for your order, print and copy this page as needed.

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Enter the appropriate PT/EQA program code and quantity to order. The program code and description information can be found in the Surveys Catalog on the individual program pages or the Analyte/Procedure Index towards the back of the catalog. (Note: The CAP will apply appropriate shipping and handling charges.)

Program Code	Description	Quantity	Unit Price	Total Price (Qty x Unit Price)

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

Thank You!

Page Total \$ _____

Subtotal from prior page(s) \$ _____

Estimated Sales Tax* \$ _____

Fuel Surcharge (1.25%) \$ _____

Order Total \$ _____

*Actual sales tax will be calculated based upon your ship-to address and the taxability of the items purchased.