COLLEGE of AMERICAN PATHOLOGISTS

CAP System Inspection Application

LAP System inspections require laboratories to be part of an integrated group of affiliated laboratories that, in total, offers a comprehensive scope of services in anatomic pathology, cytology and clinical disciplines. A non-refundable application fee 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 system 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 II: Laboratories included in your System

Section II of the System Inspection Application requests demographic information for each individual laboratory to be included in your system inspection. See definitions below for definitions of full service and limited service laboratories. You may copy page 3 of the System Inspection Application should you need additional pages to list all of your laboratories.

If you would like to include a laboratory in your System Inspection that is not currently accredited by the CAP, please write "Application Requested" on the line for the 'CAP Number' and complete and submit the Application Request Form. The Application Request Form and application fee must be submitted in order to include this laboratory(s) in your System Inspection.

The medical director for each laboratory must sign in the space provided. This signature acknowledges that the laboratory will be enrolled in the system inspection option and meet all terms of accreditation.

Limited Service Laboratory: Refers to laboratories that provide basic Chemistry, Hematology, Urinalysis, Immunology, and/or Immunohematology testing. Such laboratories would include most satellite, STAT, Blood Gas, outpatient clinic, and emergency service laboratories. Test menus are generally restricted to 10-20 commonly performed tests.

Full Service Laboratory: Refers to laboratories that provide more than basic testing, including moderate and high complexity methodologies.

Lab Name

Lab Address

CAP Number

Lab Type (see above): ☐ Full Service ☐ Limited Service

Lab Contact Person (name)

Phone Number

Email Address

Medical Director (name)

Laboratory Director (Signature) _____

Lab Name

Lab Address

CAP Number

Lab Type: ☐ Full Service ☐ Limited Service

Lab Contact Person (name)

Phone Number

Email Address

Medical Director (name)

Laboratory Director (Signature) _____

Section II: Laboratories included in your System (cont'd)

Lab Name

Lab Address

CAP Number

Lab Type: ☐ Full Service ☐ Limited Service

Lab Contact Person (name)

Phone Number

Email Address

Medical Director (name)

Laboratory Director (Signature) _____

Lab Name

Lab Address

CAP Number

Lab Type: ☐ Full Service ☐ Limited Service

Lab Contact Person (name)

Phone Number

Email Address

Medical Director (name)

Laboratory Director (Signature) _____

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?	☐	☐	
2. Is there central management of all laboratories?	☐	☐	
3. Does the System perform competency assessment at each site utilizing a System-wide standardized program?	☐	☐	
4. Is there a System-wide quality improvement plan?	☐	☐	
5. Is there common management of the quality control program?	☐	☐	
6. Does the System have a common approach to the management of patient information (i.e., common or shared LIS, shared data repository, etc.?)	☐	☐	
7. Do the laboratories share a safety program?	☐	☐	
8. Is there a System-wide process to manage issues related to sample collection and test requests?	☐	☐	
9. Are all labs within a 3 hour drive from a system designated centrally located lab?	☐	☐	Enter the CAP# of the centrally located lab: CAP # ☐☐☐☐☐☐☐

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. Do you have a document control system? If so, please indicate which one you use.	☐	☐	
2. Is your LIS on-site?	☐	☐	Location
3. Are your computer records centrally located?	☐	☐	
4. Do you use auto-verification?	☐	☐	If yes, which location
5. Is documentation of interface/calculation checks centrally located?	☐	☐	If yes, which location
6. Are personnel files centrally located?	☐	☐	If yes, which location
7. Are competency/training files centrally located? Note: The system must perform competency assessment at each site.	☐	☐	If yes, which location
8. Is proficiency testing administration centrally located?	☐	☐	If yes, which location
9. Is there a System-wide QC program?	☐	☐	
10. Are there common/standardized SOPs?	☐	☐	
11. Do you have common instrument/platforms?	☐	☐	
12. Are Policies/Procedures available online?	☐	☐	
13. In the past 2 years, have you implemented any new instrumentation/computer systems/new tests/kits?	☐	☐	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?	☐	☐	Number of Path groups
2. Are your Pathologists contracted?	☐	☐	
3. Do Pathology Assistants perform grossing?	☐	☐	
1. Is your Point-of-Care Testing program centrally administered?	☐	☐	
2. Point-of-Care Testing/Respiratory Personnel files location			
3. Do you perform arterial blood gas (ABG) analysis in the lab?	☐	☐	
4. Do you perform ABG in the Respiratory Therapy department?	☐	☐	
5. Do you perform ABG as Point-of-Care testing?	☐	☐	
6. Do you offer Direct-to-Consumer testing?	☐	☐	
7. Do you offer physician performed testing (PPT)?	☐	☐	

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

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)

Payment Total (Current Application fee)

$.

Purchase Order

Purchase Order Number

Terms are net 30.

For CAP Office Use Only (LAP6100)

Edited by _____

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

_____

◯ AMEX
◯ VISA
◯ MasterCard

Card Number

Expiration Date

/

Print Cardholder's Name ⊠

Cardholder's Signature ⊠

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.

Mail to:

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

Or email to:

accred@cap.org