



**COLLEGE of AMERICAN
PATHOLOGISTS**

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

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

CAP Number (if you have one)

CLIA Number (if applicable)

2022 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'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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Payment Information

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

- 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: 312-461-2323 (Country code: 001)

Account Name: The College of American Pathologists
Account Number: 223-733-7
ABA Number: 071000288
SWIFT #: HATRUS44

- 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

- 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

- 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

- 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

Payment Total – for any method indicated above

\$ _____



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2022 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**

Billing Institution Name (Please print)

Billing 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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2022 Gynecologic Cytology Proficiency Testing Order Details

- Use this page to select your testing dates and register proctors.
- See the CAP 2022 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 2022 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 7	Apr 18	Jul 5	Sep 26	Feb 7	Apr 18	Jul 5	Sep 26	Feb 7	Apr 18	Jul 5	Sep 26
Feb 22	May 2	Jul 18	Oct 17	Feb 22	May 2	Jul 18	Oct 17	Feb 22	May 2	Jul 18	Oct 17
Mar 7	May 16	Aug 1	Oct 31	Mar 7	May 16	Aug 1	Oct 31	Mar 7	May 16	Aug 1	Oct 31
Mar 21	Jun 6	Aug 15	Nov 14	Mar 21	Jun 6	Aug 15	Nov 14	Mar 21	Jun 6	Aug 15	Nov 14
Apr 4	Jun 20	Sep 12	Nov 28	Apr 4	Jun 20	Sep 12	Nov 28	Apr 4	Jun 20	Sep 12	Nov 28

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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2022 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 2021-2022.

New Program Description and Program Code	Quantity	Unit Price (USD)	Total Price (Qty x Unit Price)
Anatomic Pathology			
Ki-67 Immunohistochemistry TMA (KI67)	_____	_____	_____
p53 Immunohistochemistry TMA (P53)	_____	_____	_____
Coagulation			
Viscoelastic Testing—Whole Blood (VES1)	_____	_____	_____
General Chemistry and Therapeutic Drug Monitoring			
High-Sensitivity Cardiac Markers CRT (HCRT)	_____	_____	_____
High-Sensitivity Cardiac Markers CRTI (HCRTI)	_____	_____	_____
Genetics and Molecular Pathology			
AA Quant Inherited Metabolic Disorders (BGL2)	_____	_____	_____
Copy Number Variant—Solid Tumor (CNVST)	_____	_____	_____
Next-Generation Sequencing Hematologic Malignancies Bioinformatics (NGSB3)	_____	_____	_____
Next-Generation Sequencing Undiagnosed Disorder—Trio Analysis (NGSET)	_____	_____	_____
Tumor Mutational Burden (TMB)	_____	_____	_____
Hematology and Clinical Microscopy			
Hematology Automated Differential Series (FH16)	_____	_____	_____
Hematology Automated Differential Series (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)	<hr/>	<hr/>	<hr/>
Flow Cytometry—T-Cell Subsets Analysis (FL7)	<hr/>	<hr/>	<hr/>
Flow Cytometry—Mature B-Cell Leukemia/Lymphoma MRD (FL8)	<hr/>	<hr/>	<hr/>
Flow Cytometry—Plasma Cell Myeloma MRD (FL9)	<hr/>	<hr/>	<hr/>
Rare Flow Antigen Validation—CD30 (RFAV3)	<hr/>	<hr/>	<hr/>
Instrumentation Verification			
High-Sensitivity Troponin T CVL (LN47)	<hr/>	<hr/>	<hr/>
Microbiology			
Bacterial Blood Culture, Molecular (BCM)	<hr/>	<hr/>	<hr/>
SARS-CoV-2 Molecular (COV2)	<hr/>	<hr/>	<hr/>
SARS-CoV-2 Antigen (COVAG)	<hr/>	<hr/>	<hr/>
Meningitis/Encephalitis Panel, 5 Challenge (IDM5)	<hr/>	<hr/>	<hr/>
Joint Infection Panel (JIP)	<hr/>	<hr/>	<hr/>
Molecular MTB Detection & Resistance, 5 Challenge (MTR5)	<hr/>	<hr/>	<hr/>
Yeast Blood Culture, Molecular (YBC)	<hr/>	<hr/>	<hr/>
Quality Cross Check			
Quality Cross Check—SARS-CoV-2 Molecular (COV2Q)	<hr/>	<hr/>	<hr/>
Quality Cross Check—SARS-CoV-2 Antigen (COVAQ)	<hr/>	<hr/>	<hr/>
Quality Cross Check—SARS-CoV-2 Serology (COVSQ)	<hr/>	<hr/>	<hr/>
Quality Cross Check—Hematology (FH13Q)	<hr/>	<hr/>	<hr/>



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Quality Management Tools			
Antimicrobial Susceptibility Testing: Monitoring and Trend Analysis (QP211)	_____	_____	_____
Laboratory Staffing Ratios (QP222)	_____	_____	_____
Technical Competency Assessment of Peripheral Blood Smears - 10 Individuals (QPC10)	_____	_____	_____
Technical Competency Assessment of Peripheral Blood Smears - 25 Individuals (QPC25)	_____	_____	_____
Technical Competency Assessment of Gram Stains - 10 Individuals (QPD10)	_____	_____	_____
Technical Competency Assessment of Gram Stains - 25 Individuals (QPD25)	_____	_____	_____
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, 501 to 1000 total users (CA1000)	_____	_____	_____
Competency Assessment Program, 1001 to 1500 total users (CA1500)	_____	_____	_____
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	_____	_____	_____
Competency Assessment Program (CA1000) with Safety & Compliance Courses (XCA1000), 501 to 1000 total users	_____	_____	_____
Competency Assessment Program (CA1500) with Safety & Compliance Courses (XCA1500), 1001 to 1500 total users	_____	_____	_____
For single users or more than 1500 users, please contact the CAP.			



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2022 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 (USD)	Total Price (Qty x Unit Price)
Continuing Medical Education			
Informatics Case-Based Education (ICBE)	_____	_____	_____
Informatics Case-Based Education, Additional Pathologist (ICBE1)	_____	_____	_____
CAP QMed Online Education (One-year license)			
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.	_____	_____	_____

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

Page Total \$ _____



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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/>
Semen Analysis Benchtop Reference Guide (SABRG)	<hr/>	<hr/>	<hr/>
Urinalysis Benchtop Reference Guide (UABRG)	<hr/>	<hr/>	<hr/>
CAP Publications			
Color Atlas of Hematology Vol 1 (Peripheral Blood), 2nd Edition (PUB222)	<hr/>	<hr/>	<hr/>
Color Atlas of Hematology Vol 2 (Bone Marrow), 2nd Edition (PUB229)	<hr/>	<hr/>	<hr/>
Clinical Toxicology Testing, 2nd Edition (PUB227)	<hr/>	<hr/>	<hr/>
Grossing, Staging, and Reporting: An Integrated Manual of Modern Surgical Pathology (PUB131)	<hr/>	<hr/>	<hr/>
Surgical Pathology Review (PUB130)	<hr/>	<hr/>	<hr/>
Transfusion Medicine: A Compendium of Educational Cases (PUB228)	<hr/>	<hr/>	<hr/>
For more publication information visit cap.org and choose the Publications tab.			

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

Page Total \$
