



2022 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: 847-832-7000 option 1
(Country code: 001)
f: 847-832-8168 (Country code: 001)
cdm@cap.org | cap.org

CAP Number (if you have one)

CLIA Number (if applicable)

Email completed form to: cdm@cap.org

2022 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



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2022 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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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. 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

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. 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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PATHOLOGISTS

325 Waukegan Rd.
Northfield, IL 60093-2750 USA
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(Country code: 001)
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cdm@cap.org | cap.org

CAP Number (if you have one)

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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

Billing Institution Name (Please print)

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

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 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 2021-2022. 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			
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)	_____	_____	_____
Flow Cytometry—T-Cell Subsets Analysis (FL7)	_____	_____	_____
Flow Cytometry—Mature B-Cell Leukemia/Lymphoma MRD (FL8)	_____	_____	_____
Flow Cytometry—Plasma Cell Myeloma MRD (FL9)	_____	_____	_____
Rare Flow Antigen Validation—CD30 (RFAV3)	_____	_____	_____
Instrumentation Verification			
High-Sensitivity Troponin T CVL (LN47)	_____	_____	_____
Microbiology			
Bacterial Blood Culture, Molecular (BCM)	_____	_____	_____
SARS-CoV-2 Molecular (COV2)	_____	_____	_____
SARS-CoV-2 Antigen (COVAG)	_____	_____	_____
Meningitis/Encephalitis Panel, 5 Challenge (IDM5)	_____	_____	_____
Joint Infection Panel (JIP)	_____	_____	_____
Molecular MTB Detection & Resistance, 5 Challenge (MTR5)	_____	_____	_____
Yeast Blood Culture, Molecular (YBC)	_____	_____	_____
Quality Cross Check			
Quality Cross Check—SARS-CoV-2 Molecular (COV2Q)	_____	_____	_____
Quality Cross Check—SARS-CoV-2 Antigen (COVAQ)	_____	_____	_____
Quality Cross Check—SARS-CoV-2 Serology (COVSQ)	_____	_____	_____
Quality Cross Check—Hematology (FH13Q)	_____	_____	_____



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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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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. 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.

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

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

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



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PATHOLOGISTS

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Program Code	Description	Quantity	Unit Price (USD)	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*	\$	_____
Shipping Charge**	\$	_____
Order Total	\$	_____

*Actual sales tax will be calculated based upon your ship-to address and the taxability of the items purchased. Duties, taxes, and other fees are the responsibility of the customer at the time of delivery.

**The CAP will add the shipping charge to the order, as applicable. Please reference the supplement for further information.