



**COLLEGE of AMERICAN  
PATHOLOGISTS**

Laboratory Quality Solutions

**Shop: [estore.cap.org](http://estore.cap.org)  
Email: [cdm@cap.org](mailto: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](mailto:cdm@cap.org) | [cap.org](http://cap.org)

**CAP Number** (if you have one)

**CLIA Number** (if applicable)

## 2023 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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## 2023 Laboratory Improvement Programs Order Form

### 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

Area Code

Phone Number

Extension

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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## 2023 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.

- 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: 1)

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

- 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**

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- 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**

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- 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**

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**Send check to:**

College of American Pathologists  
325 Waukegan Rd, Northfield IL 60093

**Payment Total – for any method indicated above**

\$ \_\_\_\_\_



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\_\_\_\_\_

## 2023 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](mailto:cdm@cap.org)).



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## 2023 Gynecologic Cytology Proficiency Testing Order Details

- Use this page to select your testing dates and register proctors.
- See the CAP 2023 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 2023 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 6	Apr 17	Jul 10	Sep 25	Feb 6	Apr 17	Jul 10	Sep 25	Feb 6	Apr 17	Jul 10	Sep 25
Feb 21	May 1	Jul 24	Oct 16	Feb 21	May 1	Jul 24	Oct 16	Feb 21	May 1	Jul 24	Oct 16
Mar 6	May 15	Aug 7	Oct 30	Mar 6	May 15	Aug 7	Oct 30	Mar 6	May 15	Aug 7	Oct 30
Mar 20	Jun 5	Aug 21	Nov 13	Mar 20	Jun 5	Aug 21	Nov 13	Mar 20	Jun 5	Aug 21	Nov 13
Apr 3	Jun 19	Sep 11	Nov 27	Apr 3	Jun 19	Sep 11	Nov 27	Apr 3	Jun 19	Sep 11	Nov 27

### 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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## 2023 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 2022-2023.

New Program Description and Program Code	Quantity	Unit Price (USD)	Total Price (Qty x Unit Price)
<b>Anatomic Pathology</b>			
CAP/NSH HistoQIP Targeted Therapy (HQTAR)	_____	_____	_____
CAP/NSH HistoQIP Cell Block Preparations (HQCLB)	_____	_____	_____
p53 Immunohistochemistry TMA (P53)	_____	_____	_____
<b>Coagulation</b>			
Expanded Coagulation Factors (ECF)	_____	_____	_____
Viscoelastic Testing—Whole Blood (VES1)	_____	_____	_____
<b>Genetics and Molecular Pathology</b>			
Copy Number Variant—Solid Tumor (CNVST)	_____	_____	_____
CAP/ACMG Fluorescence In Situ Hybridization for Paraffin-Embedded Tissue ALK Rearrangement in Lung (CYALK)	_____	_____	_____
Next-Generation Sequencing Hematologic Malignancies Bioinformatics (NGSB3)	_____	_____	_____
Next-Generation Sequencing Solid Tumor Bioinformatics Hybrid (NGSB4)	_____	_____	_____
Next-Generation Sequencing Hematologic Malignancies Bioinformatics Hybrid (NGSB5)	_____	_____	_____
Next-Generation Sequencing Undiagnosed Disorder—Trio Analysis (NGSET)	_____	_____	_____
Tumor Mutational Burden (TMB)	_____	_____	_____
<b>Hematology and Clinical Microscopy</b>			
Hematology Automated Differential Series (FH17)	_____	_____	_____
Hematology Automated Differential Series (FH17P)	_____	_____	_____

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

Page Total \$ \_\_\_\_\_



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New Program Description and Program Code	Quantity	Unit Price (USD)	Total Price (Qty x Unit Price)
<b>Instrumentation Verification</b>			
High-Sensitivity Troponin I Calibration Verification/Linearity (LN48)	_____	_____	_____
High-Sensitivity Troponin T Calibration Verification/Linearity (LN47)	_____	_____	_____
<b>Microbiology</b>			
Carbapenemase Detection (CRE)	_____	_____	_____
Joint Infection Panel (JIP)	_____	_____	_____
<b>Quality Cross Check</b>			
Quality Cross Check—Hematology (FH13Q)	_____	_____	_____
Quality Cross Check—Nucleic Acid Amplification, Respiratory Limited (ID3Q)	_____	_____	_____
<b>Quality Management Tools</b>			
Non-Physician Care Team Satisfaction With Clinical Laboratory Services (QP231)	_____	_____	_____
Technical Competency Assessment of Body Fluid Review (QPB10)	_____	_____	_____
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)	_____	_____	_____
<b>Transfusion Medicine</b>			
Direct Antiglobulin Testing – Automated (ADAT)	_____	_____	_____

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Page Total \$ \_\_\_\_\_



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New Program Description and Program Code	Quantity	Unit Price (USD)	Total Price (Qty x Unit Price)
<b>Competency Assessment Hub With Optional Safety &amp; Compliance Courses</b>			
Competency Assessment Hub, 2 to 50 total users (CA0050)	_____	_____	_____
Competency Assessment Hub, 51 to 250 total users (CA0250)	_____	_____	_____
Competency Assessment Hub, 251 to 500 total users (CA0500)	_____	_____	_____
Competency Assessment Hub, 501 to 1000 total users (CA1000)	_____	_____	_____
Competency Assessment Hub, 1001 to 1500 total users (CA1500)	_____	_____	_____
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	_____	_____	_____
Competency Assessment Hub (CA0500) with Safety & Compliance Courses (XCA0500), 251 to 500 total users	_____	_____	_____
Competency Assessment Hub (CA1000) with Safety & Compliance Courses (XCA1000), 501 to 1000 total users	_____	_____	_____
Competency Assessment Hub (CA1500) with Safety & Compliance Courses (XCA1500), 1001 to 1500 total users	_____	_____	_____
For single users or more than 1500 users, please contact the CAP.			

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

**Page Total \$** \_\_\_\_\_





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## 2023 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.

New Program Description and Program Code	Quantity	Unit Price (USD)	Total Price (Qty x Unit Price)
<b>Continuing Medical Education</b>			
Informatics Essentials for Pathologists (ICBE)	_____	_____	_____
Informatics Essentials for Pathologists, Additional Pathologist (ICBE1)	_____	_____	_____
<b>CAP QMED Online Education (One-year license)</b>			
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)
<b>Benchtop Reference Guides</b>			
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)	_____	_____	_____
<b>CAP Publications</b>			
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 <a href="http://cap.org">cap.org</a> and choose the Publications tab.			

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