



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)

2024 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 - 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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Laboratory's Physical Address

Street Address

City

State/Province

Postal Code (Required)

Country

PT/EQA 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/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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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 Commercial Bank
BMO Tower
320 S. Canal Street, 16th Fl.
Chicago, IL 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

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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2024 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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2024 Gynecologic Cytology Proficiency Testing Order Details

- Use this page to select your testing dates and register proctors.
- See the CAP 2024 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 2024 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 5	Apr 15	Jul 8	Sep 23	Feb 5	Apr 15	Jul 8	Sep 23	Feb 5	Apr 15	Jul 8	Sep 23
Feb 20	May 6	Jul 22	Oct 7	Feb 20	May 6	Jul 22	Oct 7	Feb 20	May 6	Jul 22	Oct 7
Mar 4	May 20	Aug 5	Oct 21	Mar 4	May 20	Aug 5	Oct 21	Mar 4	May 20	Aug 5	Oct 21
Mar 18	Jun 3	Aug 19	Nov 4	Mar 18	Jun 3	Aug 19	Nov 4	Mar 18	Jun 3	Aug 19	Nov 4
Apr 1	Jun 17	Sep 9	Nov 18	Apr 1	Jun 17	Sep 9	Nov 18	Apr 1	Jun 17	Sep 9	Nov 18

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



2024 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 2023-2024.

New Program Description and Program Code	Quantity	Unit Price (USD)	Total Price (Qty x Unit Price)
Anatomic Pathology			
CAP/NSH HistoQIP Targeted Therapy (HQTAR)	_____	_____	_____
CAP/NSH HistoQIP Cell Block Preparations (HQCLB)	_____	_____	_____
HER2 and ER Immunohistochemistry Interpretation Only (HERI)	_____	_____	_____
Blood Gas, Critical Care, and Oximetry			
Critical Care Blood Gas with Hematocrit (AQH)	_____	_____	_____
Critical Care Blood Gas, i-STAT (AQIS)	_____	_____	_____
Chemistry			
<i>H. pylori</i> Breath Test (HPBT)	_____	_____	_____
Coagulation			
Expanded Coagulation Factors (ECF)	_____	_____	_____
Genetics and Molecular Pathology			
CAP/ACMG Acylcarnitine Quantitation for Inherited Metabolic Disorders (BGL4)	_____	_____	_____
CAP/ACMG Fluorescence In Situ Hybridization for Paraffin-Embedded Tissue ALK Rearrangement in Lung (CYALK)	_____	_____	_____
Next-Generation Sequencing Solid Tumor Bioinformatics Hybrid (NGSB4)	_____	_____	_____
Next-Generation Sequencing Hematologic Malignancies Bioinformatics Hybrid (NGSB5)	_____	_____	_____
Hematology and Clinical Microscopy			
Blood Cell Identification, Virtual (BCPV)	_____	_____	_____
Hematology Automated Differential Series (FH17)	_____	_____	_____

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



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Instrumentation Verification			
High-Sensitivity Troponin I Calibration Verification/Linearity (LN48)	_____	_____	_____
Cystatin C Calibration Verification/Linearity (LN49)	_____	_____	_____
Microbiology			
Carbapenemase Detection (CRE)	_____	_____	_____
Monkeypox Virus (MPOX)	_____	_____	_____
SARS-CoV-2 Antigen, 5 Challenge (CVAG)	_____	_____	_____
SARS-CoV-2 Molecular, 5 Challenge (COVM)	_____	_____	_____
Sexually Transmitted Infection Detection, Molecular (STIM)	_____	_____	_____
Quality Cross Check			
Quality Cross Check—Critical Care Blood Gas, i-STAT (AQSQ)	_____	_____	_____
Quality Cross Check—Critical Care Blood Gas with Hematocrit (AQHQ)	_____	_____	_____
Quality Cross Check—High-Sensitivity Cardiac Markers (HCRQ)	_____	_____	_____
Quality Cross Check—Nucleic Acid Amplification, Respiratory Limited (ID3Q)	_____	_____	_____
Quality Management Tools			
Rates and Turnaround Times for Investigation and Reporting of Suspected Transfusion Reactions (QP241)	_____	_____	_____
Technical Competency Assessment of Body Fluid Review for up to 10 Technologists (QPB10)	_____	_____	_____
Technical Competency Assessment of Body Fluid Review for up to 25 Technologists (QPB25)	_____	_____	_____
Technical Competency Assessment of Peripheral Blood Smears for up to 10 Technologists (QPC10)	_____	_____	_____
Technical Competency Assessment of Peripheral Blood Smears for up to 25 Technologists (QPC25)	_____	_____	_____
Technical Competency Assessment of Gram Stains for up to 10 Technologists (QPD10)	_____	_____	_____
Technical Competency Assessment of Gram Stains for up to 25 Technologists (QPD25)	_____	_____	_____

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Transfusion Medicine			
Direct Antiglobulin Testing—Automated (ADAT)	<hr/>	<hr/>	<hr/>
Competency Assessment Hub With Optional Safety & Compliance Courses			
Competency Assessment Hub, 2 to 50 total users (CA0050)	<hr/>	<hr/>	<hr/>
Competency Assessment Hub, 51 to 250 total users (CA0250)	<hr/>	<hr/>	<hr/>
Competency Assessment Hub (CA0050) with Safety & Compliance Courses (XCA0050), 2 to 50 total users	<hr/>	<hr/>	<hr/>
Competency Assessment Hub (CA0250) with Safety & Compliance Courses (XCA0250), 51 to 250 total users	<hr/>	<hr/>	<hr/>
For single users or more than 250 users, please contact the CAP.			
Continuing Medical Education			
Informatics Essentials for Pathologists (ICBE)	<hr/>	<hr/>	<hr/>
Informatics Essentials for Pathologists, Additional Pathologist (ICBE1)	<hr/>	<hr/>	<hr/>
Navigating Multimodality Biomarker Assessment (NMBA)	<hr/>	<hr/>	<hr/>
Navigating Multimodality Biomarker Assessment, Additional Participant (NMB1)	<hr/>	<hr/>	<hr/>
Direct Transmission			
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.	<hr/>	<hr/>	<hr/>

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New Program Description and Program Code	Quantity	Unit Price (USD)	Total Price (Qty x Unit Price)
CAP QMED Online Education (One-year license)			
15189 Walkthrough (QMEDWALK)	<hr/>	<hr/>	<hr/>
Document Control (QMEDDOCU)	<hr/>	<hr/>	<hr/>
Internal Auditing (QMEDAUDT)	<hr/>	<hr/>	<hr/>
Risk Management (QMEDRISK)	<hr/>	<hr/>	<hr/>
Management Review (QMEDMGMT)	<hr/>	<hr/>	<hr/>
Mistake Proofing (QMEDMIST)	<hr/>	<hr/>	<hr/>
QMS Implementation Roadmap (QMEDROAD)	<hr/>	<hr/>	<hr/>
Quality Culture (QMEDQCUL)	<hr/>	<hr/>	<hr/>
Quality Manual Development (QMEDMANL)	<hr/>	<hr/>	<hr/>
Root Cause Analysis (QMEDROOT)	<hr/>	<hr/>	<hr/>
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)	_____	_____	_____
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 Flow Cytometry (PUB230)	_____	_____	_____
Color Atlas of Hematology Vol. 1 (Peripheral Blood), 2nd Edition (PUB222)	_____	_____	_____
Color Atlas of Hematology Vol. 2 (Bone Marrow), 2nd Edition (PUB229)	_____	_____	_____
Disruptive Technologies (PUB318)	_____	_____	_____
Grossing, Staging, and Reporting: An Integrated Manual of Modern Surgical Pathology (PUB131)	_____	_____	_____
Surgical Pathology Review (PUB130)	_____	_____	_____
For more publication information, visit cap.org and click Publications .			

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

