



COLLEGE of AMERICAN
PATHOLOGISTS

Laboratory Quality Solutions

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)

2025 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 - Used for 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 Bank N.A.
320 S. Canal Street
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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2025 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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2025 Gynecologic Cytology Proficiency Testing Order Details

- Use this page to select your testing dates and register proctors.
- See the CAP 2025 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 2025 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 3	Apr 21	Jul 7	Sep 22	Feb 3	Apr 21	Jul 7	Sep 22	Feb 3	Apr 21	Jul 7	Sep 22
Feb 18	May 5	Jul 21	Oct 6	Feb 18	May 5	Jul 21	Oct 6	Feb 18	May 5	Jul 21	Oct 6
Mar 3	May 19	Aug 4	Oct 20	Mar 3	May 19	Aug 4	Oct 20	Mar 3	May 19	Aug 4	Oct 20
Mar 17	Jun 2	Aug 18	Nov 3	Mar 17	Jun 2	Aug 18	Nov 3	Mar 17	Jun 2	Aug 18	Nov 3
Apr 7	Jun 16	Sep 8	Nov 17	Apr 7	Jun 16	Sep 8	Nov 17	Apr 7	Jun 16	Sep 8	Nov 17

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



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2025 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 2024-2025.

New Program Description and Program Code	Quantity	Unit Price (USD)	Total Price (Qty x Unit Price)
Anatomic Pathology			
HER2 and ER Immunohistochemistry Interpretation Only (HERI)	_____	_____	_____
CAP/NSH HistoQIP Pediatric Program (HQPED)	_____	_____	_____
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)	_____	_____	_____
Waived Hemoglobin (HCC1)	_____	_____	_____
Endocrinology			
Parathyroid Hormone (PTH)	_____	_____	_____
Genetics and Molecular Pathology			
CAP/ACMG Acylcarnitine Quantitation for Inherited Metabolic Disorders (BGL4)	_____	_____	_____
Hematology and Clinical Microscopy			
Blood Cell Identification, Virtual (BCPV)	_____	_____	_____
Histocompatibility			
HLA Antibody Screen (Class I/Class II) Only (MXS)	_____	_____	_____
HLA Crossmatching, Antibody Screen, and Antibody Identification (Class I/Class II), Extra Plasma (MXEP)	_____	_____	_____

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



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Instrumentation Verification			
Cystatin C Calibration Verification/Linearity (LN49)	_____	_____	_____
Thyroid Panel Calibration Verification/Linearity (LN50)	_____	_____	_____
Factor VIII Calibration Verification/Linearity (LN51)	_____	_____	_____
HBV Viral Load Calibration Verification/Linearity (LN52)	_____	_____	_____
Microbiology			
Gastrointestinal Panel, Global (GIPN)	_____	_____	_____
Mpox Molecular (MPOX)	_____	_____	_____
Rapid Malaria, 5 Challenge (RML5)	_____	_____	_____
SARS-CoV-2 Antigen, 5 Challenge (CVAG)	_____	_____	_____
SARS-CoV-2 Molecular, 5 Challenge (COVM)	_____	_____	_____
Sexually Transmitted Infection Detection, Molecular (STIM)	_____	_____	_____
<i>Trichomonas vaginalis</i> , Molecular, 5 Challenge (TVG5)	_____	_____	_____
Quality Management Tools			
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)	_____	_____	_____

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Quality Management Tools			
Laboratory Staffing Ratios (QP251) <i>Note: QP251 is the QPR-A 2025 mailing released in December 2024.</i>	_____	_____	_____
Assessment of Consistency of Body Fluid Morphologic Observations for up to 10 Technologists (QPB10)	_____	_____	_____
Assessment of Consistency of Body Fluid Morphologic Observations for up to 25 Technologists (QPB25)	_____	_____	_____
Assessment of Consistency of Peripheral Blood Morphologic Observations for up to 10 Technologists (QPC10)	_____	_____	_____
Assessment of Consistency of Peripheral Blood Morphologic Observations for up to 25 Technologists (QPC25)	_____	_____	_____
Assessment of Consistency of Gram Stain Morphologic Observations for up to 10 Technologists (QPD10)	_____	_____	_____
Assessment of Consistency of Gram Stain Morphologic Observations for up to 25 Technologists (QPD25)	_____	_____	_____
Transfusion Medicine			
Transfusion Medicine - Automated with Electronic Crossmatch (JATXM)	_____	_____	_____
Transfusion Medicine - with Electronic Crossmatch (JXM)	_____	_____	_____
Competency Assessment Hub With Optional Safety & Compliance Courses			
Competency Assessment Hub, 2 to 50 total users (CA0050)	_____	_____	_____
Competency Assessment Hub, 51 to 250 total users (CA0250)	_____	_____	_____
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	_____	_____	_____
For single users or more than 250 users, please contact the CAP.	_____	_____	_____
Continuing Medical Education			
Navigating Multimodality Biomarker Assessment (NMBA)	_____	_____	_____
Navigating Multimodality Biomarker Assessment, Additional Participant (NMB1)	_____	_____	_____

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



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Online Education Programs and Solutions	Quantity	Unit Price (USD)	Total Price (Qty x Unit Price)
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.			
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.	_____	_____	_____

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



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Publications and Reference Guides	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			
CAP Practical Guide to Gynecologic Cytopathology, 2nd Edition (PUB134)	_____	_____	_____
Quality Management in Clinical Laboratories, 2nd Edition (PUB319)	_____	_____	_____
Whole Blood Viscoelastic Assays in Clinical Diagnosis: An Illustrated Case-based Guide (PUB231)	_____	_____	_____
Color Atlas of Flow Cytometry (PUB230)	_____	_____	_____
Color Atlas of Hematology Vol. 2 (Bone Marrow), 2nd Edition (PUB229)	_____	_____	_____
Disruptive Technologies (PUB318)	_____	_____	_____
For more publication information, visit cap.org and click Publications .			

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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	Total Price (Qty x Unit Price)

Page Total \$ _____



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Program Code	Description	Quantity	Unit Price	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*** \$ _____

**Fuel Surcharge
(1.25%)** \$ _____

Order Total \$ _____

*Actual sales tax will be calculated based upon your ship-to address and the taxability of the items purchased.