



COLLEGE of AMERICAN PATHOLOGISTS

Email to: **CDM@cap.org** (preferred),
or Fax to: **847-832-8168**

325 Waukegan Rd.
Northfield, IL 60093-2750
t: 800-323-4040 option 1
d: 847-832-7000 option 1
f: 847-832-8168
cdm@cap.org | cap.org

CAP Number

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2018 Laboratory Improvement Programs Order Form

Payment Information To avoid delay, you MUST INCLUDE ONE of the following methods of payment (in US dollars).

Check Number (Payable to College of American Pathologists) <input type="text"/>	Payment Total \$ <input type="text"/> . <input type="text"/>	For CAP Office Use Only <input type="radio"/> TEF <input type="radio"/> TEN <input type="radio"/> NOPO <input type="radio"/> CT <input type="radio"/> MO/OP (See order #) _____ <input type="radio"/> Letter of Authorization <input type="radio"/> Wire Transfer _____ Name of Issuing Bank
Purchase Order Number <input type="text"/>	* Terms: For orders placed before Oct. 31, 2017, the invoice due date will be Dec. 1, 2017. For orders placed on or after Nov. 1, 2017, terms are Net 30. Expiration Date (MM/YY) <input type="text"/> / <input type="text"/>	
Card Number (Visa, MC, or AMEX) <input type="text"/>	Card Holder Name <input type="text"/>	
Cardholder's Signature <input checked="" type="checkbox"/> _____		

Billing Information

Mr. Ms. Billing Contact (First/Given Name) MD DO PhD
 Mrs. Dr. Other _____

Billing Contact Email (Required)

Area Code - Billing Phone Number (Required) - Extension
 Area Code - Billing Fax Number -

Institution Name (Please Print)

Name of Laboratory (Please Print)

Department Name

Street Address

City State Postal Code -





Grid for CAP Number

Email to: CDM@cap.org (preferred), or Fax to: 847-832-8168

2018 Gynecologic Cytology Proficiency Testing Order Details

- Use this page to select your testing dates and register proctors. See the CAP 2018 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 2018 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.

Table with 3 columns: First Choice Session (Fill one.), Second Choice Session (Fill one.), Third Choice Session (Fill one.). Rows list dates from Feb 5 to Aug 20 with radio buttons.

Proctors

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.

1. Mr. Ms. First/Given Name Last/Family Name CT MD MT Mrs. Dr. Other Email

2. Mr. Ms. First/Given Name Last/Family Name CT MD MT Mrs. Dr. Other Email

3. Mr. Ms. First/Given Name Last/Family Name CT MD MT Mrs. Dr. Other Email

4. Mr. Ms. First/Given Name Last/Family Name CT MD MT Mrs. Dr. Other Email

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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2018 Laboratory Improvement Programs Order Form

To order these new programs, specify the quantity.

New Program Description	Quantity	Unit Price	Extended Amount	New Program Description	Quantity	Unit Price	Extended Amount
Quality Management Tools				Immunology and Flow Cytometry			
Physician Satisfaction w/ Clin Lab Services (QP181)	<input type="text"/>	\$455		Alpha-2-Macroglobulin (A2MG)	<input type="text"/>	\$726	
Laboratory Staff Turnover (QP182)	<input type="text"/>	\$455		B-ALL Minimal Residual Disease (BALL)	<input type="text"/>	\$300	
Tech Competency Assess of Body Fluid (QP183)	<input type="text"/>	\$455		Flow Cytometry, Plasma Cell Neoplasms (PCNEO)	<input type="text"/>	\$800	
Lab Result TAT for ER Specimens (QP184)	<input type="text"/>	\$455		Genetics and Molecular Pathology			
Quality Cross Check				Cell Free DNA (CFDNA)	<input type="text"/>	\$1204	
Quality Cross Check—Reticulocyte (RTQ)	<input type="text"/>	\$294		IGHV Mutation Analysis (IGHV)	<input type="text"/>	\$2000	
Quality Cross Check—Reticulocyte (RT2Q)	<input type="text"/>	\$294		NGS Undiagnosed Disorders-Exome (NGSE)	<input type="text"/>	\$1796	
Quality Cross Check—Reticulocyte (RT3Q)	<input type="text"/>	\$294		NGS Bioinformatics Somatic Validated Material (NGSBV)	<input type="text"/>	\$2800	
Quality Cross Check—Reticulocyte (RT4Q)	<input type="text"/>	\$294		RNA Sequencing (RNA)	<input type="text"/>	\$1256	
Endocrinology				Variant Interpretation Only (VIP)	<input type="text"/>	\$800	
Noninvasive Prenatal Testing (NIPT)	<input type="text"/>	\$1980		VIP, Addl Participant (VIP1)	<input type="text"/>	\$144	
Toxicology				Anatomic Pathology			
Trace Metals, Whole Blood (TMWB)	<input type="text"/>	\$472		Autopsy Pathology, Addl Pathologist (AUP1)	<input type="text"/>	\$150	
Coagulation				CAP/NSH Gynecologic Biopsy (HQBx4)	<input type="text"/>	\$670	
Apixaban Anticoagulation Monitoring (APXBN)	<input type="text"/>	\$550		CAP/NSH HistoQIP Mismatch Repair IHC (HQMMR)	<input type="text"/>	\$670	
Microbiology				HQIP Non-small Cell Lung Carcinoma IHC (HQNSC)	<input type="text"/>	\$670	
MRSA Screen, Molecular, 2 Challenge (MRS2M)	<input type="text"/>	\$250					
MRSA Screen, Molecular, 5 Challenge (MRS5M)	<input type="text"/>	\$351					
Expanded Parasitology (PEX)	<input type="text"/>	\$296					
Vector-Borne Disease-Molecular (VBDM)	<input type="text"/>	\$500					

Please allow 5 business days to process your renewal order.

Page Total \$ _____



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2018 Laboratory Improvement Programs Order Form

To order these new programs, specify the quantity.

New Program Description	Quantity	Unit Price	Extended Amount	New Program Description	Quantity	Unit Price	Extended Amount
Benchtop Reference Guides				CAP QMED Online Education (One-year license)			
Arthropod Benchtop Reference Guide (ABRG)	<input type="text"/>	\$89		15189 Walkthrough (ISOEDWT)	<input type="text"/>	\$395	
Body Fluids Benchtop Reference Guide (BFRG)	<input type="text"/>	\$89		QMS Implementation Roadmap (ISOEDRM)	<input type="text"/>	\$395	
Gram Stain Benchtop Reference Guide (GSBRG)	<input type="text"/>	\$89		Root Cause Analysis (ISOEDRC)	<input type="text"/>	\$695	
Hematology Benchtop Reference Guide (HBRG)	<input type="text"/>	\$89		Internal Auditing (ISOEDIA)	<input type="text"/>	\$495	
Mycology Benchtop Reference Guide (MBRG)	<input type="text"/>	\$89		Document Control (ISOEDDC)	<input type="text"/>	\$350	
Parasitology Benchtop Reference Guide (PBRG)	<input type="text"/>	\$89		Quality Manual Development (ISOEDQM)	<input type="text"/>	\$350	
Urinalysis Benchtop Reference Guide (UABRG)	<input type="text"/>	\$89		Management Review (ISOEDMR)	<input type="text"/>	\$395	
Competency Assessment Program with Safety & Compliance Courses				Mistake Proofing (ISOEDMP)			
Competency Assessment Program (CA0050)	<input type="text"/>	\$833		Quality Culture (ISOEDCL)	<input type="text"/>	\$395	
Competency Assessment Program (CA0250)	<input type="text"/>	\$1858		All 9 QMED Courses, 25% discount (ISOEDAL)	<input type="text"/>	\$2900	
Competency Assessment Program (CA0050) with Safety & Compliance courses (XCA0050)	<input type="text"/>	\$1148		e-LAB Solutions Connect Service (for Domestic only)			
Competency Assessment Program (CA0250) with Safety & Compliance courses (XCA0250)	<input type="text"/>	\$2544		e-LAB Solutions Connect Service (3572LM)	<input type="text"/>	\$0	

Please allow 5 business days to process your renewal order.

Page Total \$ _____



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2018 Laboratory Improvement Programs Order Form

U Enter the appropriate program code and quantity to order. (Note: The CAP will apply appropriate S/H charges.)

Program Code	Description	Quantity	Unit Price	Extended Amount													
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Please allow 5 business days to process your renewal order.

Thank You!

Page Total	\$	_____
Subtotal from Prior Page(s)	\$	_____
Estimated Sales Tax*	\$	_____
Fuel Surcharge	\$	_____
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.

