

CAP	Numb	oer			

EMAIL TO: cdm@cap.org

CLIA Number
Institution Name (Please Print)
Name of Laboratory (Please Print)
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) Mrs. ○ Dr. PT Ordering Contact (Last/Family Name) 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. Shipping Contact (First/Given Name) Shipping Contact (Last/Family Name) Other
Shipping Contact Email
Country Code Shipping Contact Phone Number Extension







CAP	Numb	oer			

EMAIL TO: cdm@cap.org

2019 Laboratory Improvement Programs Order Form

Dro	ficio	n 0 1 /	Too	4in a	Ch:	mmin	A	ما ما ب		Шa	م ما د	or 6	hin	oina	ъπ	Vito	Co	nna	4 b o	a D	ΩB	0 V										
PIO	licie	псу	res	ung	SIII	ppii	ıg A	aar	ess	- US	ea i	or s	mp	ome	FI	Kits	. Ca	nno	t be	аР	υь	OX.										
Depa	rtment	Name										Т						Ι					Ι							Т	_	
Stree	t Addre	ess (N	ote: Pi	ogram	mate	rials ca	annot	be de	livered	to a P	О Вох	()																				
												Ι																		Τ	Т	
			ı				1			1					1	1											ı		ı			
City																					State	'Provir	nce									
Posta	al Code	(Req	uired)				(Countr																								
							ΙÌ	Journa	<u>y</u>										T													
								Journa	y																							
					V-:					-1:66								_\		-1.6-								NI-	D			
Prof	icie	ncy ⁻	Test	ing	Mai	ling				diffe	eren	nt th	an S	Ship	ping	J Add	dres	s) -	Use	d fo	r Ma	ailin	g Ev	alua	ation	ıs aı	nd C	Othe	r Re	epo	rts	
Prof	icie	псу	Test	ing	Mai	ling				diffe	eren	nt th	an S	Ship	ping	j Add	dres	s) -	Use	d fo	r Ma	ailin	g Ev	alua								ddress
	icie:		Test	ing	Mai	ling				diffe	eren	nt th	an S	Ship	ping	j Add	dres	s) -	Use	d fo	r Ma	ailin	g Ev	alua								ddress
			Test	ing	Mai	ling				diffe	eren	nt th	an S	Ship	ping	j Add	dres	ss) -	Use	d fo	r Ma	ailin	g Ev	alua								ddress
			Test	ing	Mail	ling				diffe	eren	nt th	an S	Ship	ping	J Add	dres	s) -	Use	d fo	r Ma	ailin	g Ev	alua								ddress
			Test	ing	Mai	ling				diffe	eren	nt th	an S	Ship	ping	g Add	dres	s) -	Use	d fo	r Ma	ailin	g Ev	alua								ddress
			Test	ing	Mai	ling				diffe	eren	nt th	an S	Ship	ping	J Add	dres	s) -	Use	d fo	r Ma	ailin	g Ev	alua								ddress
			Test	ing	Mail	ling				diffe	eren	nt th	an S	Ship	ping	g Add	dres	ss) -	Use	d fo	r Ma	ailin	g Ev	ralua								ddress
			Test	ing	Mail	ling				diffe	eren	at th	an S	Ship	ping	g Add	dres	s) -	Use	d fo	r Ma	ailin	g Ev	ralua								ddress
			Test	ing	Mail	ling				diffe	eren	nt th	an S	Ship	pinç	J Add	dres	s) -	Use	d fo	r Ma	ailin	g Ev	ralua								ddress
			Test	ing	Mail	ling				diffe	eren	nt th	an S	Ship	ping	Add	dres	s) -	Use	d fo	r Ma	ailin	g Ev	alua								ddress
			Test	ing	Mail	ling				diffe	eren	at th	an S	Ship	ping	J Add	dres	s) -	Use	d fo	r Ma	ailin	g Ev	ralua								ddress
			Test	ing	Mail	ling				diffe	eren	at th	an S	Ship	ping	J Add	dres	s) -	Use		r Ma			ralua								ddress
Stree			Test	ing	Mail	ling				diffe	eren	nt th	an S	Ship	ping	J Add	dres	s) -	Use					ralua								ddress
Stree			Test	ing	Mail	ling				diffe	eren	nt th	an S	Ship	ping	J Add	dres	s) -	Use					ralua								ddress
Stree	t Addre	ess		ing	Mail	ling	Add	dres	s (if	diffe	eren	at th	an S	Ship	ping	J Add	dres	s) -	Use					ralua								ddress
Stree		ess		ing	Mai	ling	Add		s (if	diffe	eren	at th	an S	Ship	ping	J Add	dres	s) -	Use					ralua								ddress





CAP	Numb	oer			

EMAIL TO: cdm@cap.org

2019 Laboratory Improvement Programs Order Form

Pay	mer	nt In	forn	natio	n				То	avo	oid	dela	ay, y	/ou	MUS	II Të	NC	LUD	E C	NE	of	the	foll	owi	ng ı	net	hod	s of	pay	yme	nt.							
Check	Num	ber (P	ayable	to Co	llege	of Am	erican	Path	ologist	s)	Payn	nent	Total					\neg		_	_									F	or (CAP	Of	fice	Use	Onl	у	
																		-				0	Pro-l	Form	a Re	quire	ed	O .	TEF		\bigcirc	TEI	N	\circ	NO	PO	(\supset (
Purch	ase O	rder N	umbei				_							_				ms: Fo									he	\bigcirc N	/O/	OP	(Se	e or	der	#)_				
																		oice d ced or									າ 🗀		-44			41	4					_
Card N	Numbe	er (Vis	a, MC	or AN	(EX)						_							E	xpira	tion	Date	(MM	/YY)		7				Lette				ızatı	on				
																					1	/							Wire	: 116	ansı	е						
Card I	Holder	r Name	e			_		_		\perp															J				Nam	e of I	ssuir	ng Ba	ınk					
Corr	الماماما	wa Cia				-																																
			gnature																			_																
-31111	ng I	nro	rma	ion																																		
$\supset M$	r. () Ms	s. Bil	ing Co	ntact	(First	/Given	Nam	ie)		_	_	Billir	ıg Co	ntact	(Last	/Far	nily N	ame)	_	_	_	_		_	_	_		_	_	\neg		\circ	MD	С.) DO	\cap	Ph
) м	rs.() Dr	. L																														\circ	Oth	er _			
3illing	Conta	act En	nail (R	equire	d)		Т			Т	Т			Т			Т	Т		Т		Т			П								T	Т	Т			\neg
												-					_			_															Щ			
ount	ry Coc	de		Billi	ng Ph	none N	Numbe	r (Re	quired))						Exter	nsion	n	_		7	Та	x ID/	VAT												_		_
																						L													\perp			
nstitu	tion N	lame (Please	Print)	1																																	
lame	of La	borato	ry (Ple	ase P	rint)																																	
Depar	tment	Name	9			1		_					ı																1									_
		-	-	-		-	-		_														-	-					-				-					
treet	Addre	ess																											,									
						1																							-									
							\perp																															
								Т								\top								1														\neg
City	I	1	_		1		_	_		_				_		_			1				S	tate/F	Provir	ice	_	_	_									7
	-	-	-	-	-	1							1					-	-				, L			-					_				_	0461	-	1
	Po	stal C	ode (R	equire	d) _					Cou	untry																									946	, 1	_
												I												1]						



CAP	Numb	oer			

EMAIL TO: cdm@cap.org

2019 Gynecologic Cytology Proficiency Testing Order Details

- Use this page to select your testing dates and register proctors.
- See the CAP 2019 Catalog, PAP pages and PAP Shipping and Pricing for details.

esting Dates	to be used by t	hose ordering P	AP Education					
ou must indica	ate three testing	sessions for yo	ur 2019 cytology į		ting. New proctors		I to this form.	
First Ch	oice Session (F	ill one.)	Second C	hoice Session	(Fill one.)	Third Che	oice Session (F	ill one.)
○ Feb 4	○ May 20	○ Sep 9	○ Feb 4	○ May 20	○ Sep 9	○ Feb 4	○ May 20	○ Sep 9
○ Feb 19	O Jun 3	○ Sep 23	○ Feb 19	O Jun 3	○ Sep 23	○ Feb 19	O Jun 3	○ Sep 23
O Mar 4	O Jun 17	Oct 7	O Mar 4	O Jun 17	Oct 7	O Mar 4	O Jun 17	Oct 7
○ Mar 18	O Jul 8	Oct 21	○ Mar 18	O Jul 8	Oct 21	O Mar 18	O Jul 8	Oct 21
O Apr 1	O Jul 22	O Nov 4	O Apr 1	O Jul 22	O Nov 4	O Apr 1	O Jul 22	O Nov 4
O Apr 15	O Aug 5	○ Nov 18	○ Apr 15	O Aug 5	○ Nov 18	○ Apr 15	O Aug 5	○ Nov 18
O May 6	O Aug 19		O May 6	O Aug 19	I	O May 6	O Aug 19	
PPT Procto	rs (Test Monit	ors)						
laboratories p	roviding their owi	n proctors must c	omplete this form.					
octors Infori	mation							
proctors will r	ead the proctor p	acket instructions	s, take the proctor	examination and	nually, and perform	the duties of the p	roficiency testing	g proctor.
Mr. Ms.	First/Given Name		Last/Family N	ame			○ CT (O MD O MT
Mrs. O Dr.								r
nail								
		Signature						
Mr. Ms.	First/Given Name		Last/Family Na	ame				
Mrs. O Dr.							Other	r
nail								
Mr. Ms.	First/Given Name	Signature	Last/Family N	ame			Ост (O MD O MT
Mrs. O Dr.							Other	r
nail								
		Signature						
Mr. Ms.	First/Given Name	g	Last/Family Na	ame			Ост (\bigcirc MD \bigcirc MT
Mrs. O Dr.							Other	r
nail								
		Signature						
ertify that the s	selected individua	-	ia specified and ar	e capable of ne	forming the duties	and responsibilities	s of the proficien	ncy testina prod
,								-,g p.o.
		Siana	ture of Lab Director or De	esianee		Date		



CAP	Numb	oer			

EMAIL TO: cdm@cap.org

2019 Laboratory Improvement Programs Order Form

		To order	these new p	programs, specify the quantity.			
New Program Description	Quantity	Unit Price (USD)	Extended Amount	New Program Description	Quantity	Unit Price (USD)	Extended Amount
Quality Management Tools				Hematology and Clinical Microscopy			
Technical Staffing Ratios (QP191)		\$469		Automated Differential Series (FH14)		\$954	
Opioid Drug Testing Stewardship (QP192)		\$469		Hematology Automated Diff-Blood Cell ID (FH14P)		\$990	
Expression Rates in Invasive Breast Carcinoma (QP193)		\$469		Reproductive Medicine			
The Impact of Pathologist Review of Peripheral Blood Smears (QP194)		\$469		Post Vasectomy Sperm Count - Automated (PV1)		\$318	
Quality Cross Check				Microbiology			
Transfusion Medicine Quality Cross Check (JATQ)		\$480		Carbapenem Resistant Organisms (CRO)		\$418	
General Chemistry and Therapeutic	Drug Monito	ring		Gastrointestinal Panel, 5 Challenge (GIP5)		\$576	
Fecal Calprotectin (FCAL)		\$520		Molecular Vaginal Panel (MVP)		\$480	
Plasma Cardiac Markers International (PCARI)		\$306		Transfusion Medicine, Viral Markers,	and Parenta	ige Testing	
Endocrinology				Viral Markers-Series 6, Additional Material (VM6X)		\$750	
MMA and Active B12 (MMA)				,			
		\$750		Genetics and Molecular Pathology			
Toxicology				CAP/ACMG Cardiomyopathy Sequencing Panel (CMSP)		\$1800	
Anti-Fungal Drugs Monitoring (AFD)		\$1300		CAP/ACMG Inherited Cancer Sequencing Panel (ICSP)		\$1800	
Novel Opioids and Benzodiazepines (NOB)		\$1150		Anatomic Pathology			
Blood Cannabinoids (THCB)				CD30 Immunohistochemistry (CD30)			
		\$900				<u>\$550</u>	
Accuracy-Based Programs				P16 Immunohistochemistry Tissue Microarray (P16)		\$476	
Accuracy Based Glucose, Insulin, and C-peptide (ABGIC)		\$496		HQIP Whole Slide Image Quality Improvement Program (HQWSI)		\$550	
Instrumentation Validation Tools							
C-peptide/Insulin Calibration Verification/ Linearity (LN46)		\$580					
							_

Please allow 5 business days to process your renewal order.

Page Total (USD) \$







EMAIL TO: cdm@cap.org

2019 Laboratory Improvement Programs Order Form

		To order	these new p	programs, specify the quantity.			
New Program Description	Quantity	Unit Price (USD)	Extended Amount	New Program Description	Quantity	Unit Price (USD)	Extended Amount
Benchtop Reference Guides				Competency Assessment Program	with Safety 8	Compliance	Courses
Arthropod Benchtop Reference Guide (ABRG)		\$89		Competency Assessment Program, 2 to 50 total users (CA0050)		\$833	
Body Fluids Benchtop Reference Guide (BFBRG)		\$89		Competency Assessment Program, 51 to 250 total users (CA0250)		\$1858	
Bone Marrow Benchtop Reference Guide (BMBRG)		\$89		Competency Assessment Program (CA0050) with Safety & Compliance courses (XCA0050), 2 to 50 total		\$1148	
Gram Stain Benchtop Reference Guide (GSBRG)		\$89		users Competency Assessment Program			
Hematology Benchtop Reference Guide (HBRG)		\$89		(CA0250) with Safety & Compliance courses (XCA0250), 51 to 250 total users		\$2544	
Mycology Benchtop Reference Guide (MBRG)		\$89		For single users or more than 250 users, please contact the CAP.			
Parasitology Benchtop Reference Guide (PBRG)		\$89		CAP QMEd Online Education (One-	veer license		
Urinalysis Benchtop Reference Guide (UABRG)		\$89		15189 Walkthrough (ISOEDWT)	year incerise	\$395	
Semen Analysis Benchtop Reference Guide (SABRG)		\$89		QMS Implementation Roadmap (ISOEDRM)		\$395	
				Root Cause Analysis (ISOEDRC)		\$695	
				Internal Auditing (ISOEDIA)		\$495	
				Document Control (ISOEDDC)		\$350	
				Quality Manual Development (ISOEDQM)		\$350	
				Management Review (ISOEDMR)		\$395	
				Mistake Proofing (ISOEDMP)		\$425	
				Quality Culture (ISOEDCL)		\$395	
				All 9 QM <i>Ed</i> Courses, 25% discount (ISOEDAL)		\$2900	

Please allow 5 business days to process your renewal order.

Page Total (USD)







EMAIL TO: cdm@cap.org

at the time of delivery.

2019 Laboratory Improvement Programs Order Form

Program Code	Description	Quantity	Unit Price	Extende Amour
				-
				-
				-
				-
se allow 5 business days to process your r	enewal order.			
ank You!		Page Total	\$	
		Subtotal from Prior Page(s)	\$	
		Estimated Sales Tax*	\$	
		Fuel Surcharge	\$	
ual sales tax will be calculated based upor			\$	