



COLLEGE of AMERICAN PATHOLOGISTS

Shop: estore.cap.org
Email to: cdm@cap.org

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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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2019 Laboratory Improvement Programs Order Form

CLIA Number

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Institution Name (Please Print)

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Name of Laboratory (Please Print)

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Area Code

Laboratory Phone Number (Required)

Extension

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Area Code

Laboratory Fax Number

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Medical Director

Mr. Ms.

Medical Director (First/Given Name)

Medical Director (Last/Family Name)

MD DO PhD

Mrs. Dr.

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Other _____

Medical Director Email

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Area Code

Medical Director Phone Number

Extension

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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.

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Other _____

PT Ordering Contact Email

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Area Code

PT Ordering Contact Phone Number

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Proficiency Testing Shipping Contact - Shipment Inquiries and Notifications

Mr. Ms.

Shipping Contact (First/Given Name)

Shipping Contact (Last/Family Name)

MD DO PhD

Mrs. Dr.

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Other _____

Shipping Contact Email

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Area Code

Shipping Contact Phone Number

Extension

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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.

Testing Dates

This page is not to be used by those ordering PAP Education.

You must indicate three testing sessions for your 2019 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.) |
|----------------------------------|-----------------------------------|----------------------------------|
| <input type="radio"/> Feb 4 | <input type="radio"/> Feb 4 | <input type="radio"/> Feb 4 |
| <input type="radio"/> Feb 19 | <input type="radio"/> Feb 19 | <input type="radio"/> Feb 19 |
| <input type="radio"/> Mar 4 | <input type="radio"/> Mar 4 | <input type="radio"/> Mar 4 |
| <input type="radio"/> Mar 18 | <input type="radio"/> Mar 18 | <input type="radio"/> Mar 18 |
| <input type="radio"/> Apr 1 | <input type="radio"/> Apr 1 | <input type="radio"/> Apr 1 |
| <input type="radio"/> Apr 15 | <input type="radio"/> Apr 15 | <input type="radio"/> Apr 15 |
| <input type="radio"/> May 6 | <input type="radio"/> May 6 | <input type="radio"/> May 6 |
| <input type="radio"/> May 20 | <input type="radio"/> May 20 | <input type="radio"/> May 20 |
| <input type="radio"/> Jun 3 | <input type="radio"/> Jun 3 | <input type="radio"/> Jun 3 |
| <input type="radio"/> Jun 17 | <input type="radio"/> Jun 17 | <input type="radio"/> Jun 17 |
| <input type="radio"/> Jul 8 | <input type="radio"/> Jul 8 | <input type="radio"/> Jul 8 |
| <input type="radio"/> Jul 22 | <input type="radio"/> Jul 22 | <input type="radio"/> Jul 22 |
| <input type="radio"/> Aug 5 | <input type="radio"/> Aug 5 | <input type="radio"/> Aug 5 |
| <input type="radio"/> Aug 19 | <input type="radio"/> Aug 19 | <input type="radio"/> Aug 19 |
| <input type="radio"/> Sep 9 | <input type="radio"/> Sep 9 | <input type="radio"/> Sep 9 |
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| <input type="radio"/> Oct 7 | <input type="radio"/> Oct 7 | <input type="radio"/> Oct 7 |
| <input type="radio"/> Oct 21 | <input type="radio"/> Oct 21 | <input type="radio"/> Oct 21 |
| <input type="radio"/> Nov 4 | <input type="radio"/> Nov 4 | <input type="radio"/> Nov 4 |
| <input type="radio"/> Nov 18 | <input type="radio"/> Nov 18 | <input type="radio"/> Nov 18 |

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.

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

Signature

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

Signature

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

Signature

4. 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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2019 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 | | | | Hematology and Clinical Microscopy | | | |
| Technical Staffing Ratios (QP191) | <input type="text"/> | \$469 | | Automated Differential Series (FH14) | <input type="text"/> | \$954 | |
| Opioid Drug Testing Stewardship (QP192) | <input type="text"/> | \$469 | | Hematology Automated Diff-Blood Cell ID (FH14P) | <input type="text"/> | \$990 | |
| Expression Rates in Invasive Breast Carcinoma (QP193) | <input type="text"/> | \$469 | | Reproductive Medicine | | | |
| The Impact of Pathologist Review of Peripheral Blood Smears (QP194) | <input type="text"/> | \$469 | | Post Vasectomy Sperm Count - Automated (PV1) | <input type="text"/> | \$318 | |
| Quality Cross Check | | | | Microbiology | | | |
| Transfusion Medicine Quality Cross Check (JATQ) | <input type="text"/> | \$480 | | Carbapenem Resistant Organisms (CRO) | <input type="text"/> | \$418 | |
| General Chemistry and Therapeutic Drug Monitoring | | | | Gastrointestinal Panel, 5 Challenge (GIP5) | <input type="text"/> | \$576 | |
| Fecal Calprotectin (FCAL) | <input type="text"/> | \$520 | | Molecular Vaginal Panel (MVP) | <input type="text"/> | \$480 | |
| Plasma Cardiac Markers International (PCARI) | <input type="text"/> | \$306 | | Transfusion Medicine, Viral Markers, and Parentage Testing | | | |
| Endocrinology | | | | Viral Markers-Series 6, Additional Material (VM6X) | <input type="text"/> | \$750 | |
| MMA and Active B12 (MMA) | <input type="text"/> | \$750 | | Genetics and Molecular Pathology | | | |
| Toxicology | | | | CAP/ACMG Cardiomyopathy Sequencing Panel (CMSP) | <input type="text"/> | \$1800 | |
| Anti-Fungal Drugs Monitoring (AFD) | <input type="text"/> | \$1300 | | CAP/ACMG Inherited Cancer Sequencing Panel (ICSP) | <input type="text"/> | \$1800 | |
| Novel Opioids and Benzodiazepines (NOB) | <input type="text"/> | \$1150 | | Anatomic Pathology | | | |
| Blood Cannabinoids (THCB) | <input type="text"/> | \$900 | | CD30 Immunohistochemistry (CD30) | <input type="text"/> | \$550 | |
| Accuracy-Based Programs | | | | P16 Immunohistochemistry Tissue Microarray (P16) | <input type="text"/> | \$476 | |
| Accuracy Based Glucose, Insulin, and C-peptide (ABGIC) | <input type="text"/> | \$496 | | HQIP Whole Slide Image Quality Improvement Program (HQWSI) | <input type="text"/> | \$550 | |
| Instrumentation Validation Tools | | | | | | | |
| C-peptide/Insulin Calibration Verification/ Linearity (LN46) | <input type="text"/> | \$580 | | | | | |

Please allow 5 business days to process your renewal order.

Page Total \$ _____



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2019 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 | | | | Competency Assessment Program with Safety & Compliance Courses | | | |
| Arthropod Benchtop Reference Guide (ABRG) | <input style="width: 20px; height: 20px;" type="text"/> | \$89 | | Competency Assessment Program, 2 to 50 total users (CA0050) | <input style="width: 20px; height: 20px;" type="text"/> | \$833 | |
| Body Fluids Benchtop Reference Guide (BFBRG) | <input style="width: 20px; height: 20px;" type="text"/> | \$89 | | Competency Assessment Program, 51 to 250 total users (CA0250) | <input style="width: 20px; height: 20px;" type="text"/> | \$1858 | |
| Bone Marrow Benchtop Reference Guide (BMBRG) | <input style="width: 20px; height: 20px;" type="text"/> | \$89 | | Competency Assessment Program (CA0050) with Safety & Compliance courses (XCA0050), 2 to 50 total users | <input style="width: 20px; height: 20px;" type="text"/> | \$1148 | |
| Gram Stain Benchtop Reference Guide (GSBRG) | <input style="width: 20px; height: 20px;" type="text"/> | \$89 | | Competency Assessment Program (CA0250) with Safety & Compliance courses (XCA0250), 51 to 250 total users | <input style="width: 20px; height: 20px;" type="text"/> | \$2544 | |
| Hematology Benchtop Reference Guide (HBRG) | <input style="width: 20px; height: 20px;" type="text"/> | \$89 | | For single users or more than 250 users, please contact the CAP. | | | |
| Mycology Benchtop Reference Guide (MBRG) | <input style="width: 20px; height: 20px;" type="text"/> | \$89 | | CAP QMEd Online Education (One-year license) | | | |
| Parasitology Benchtop Reference Guide (PBRG) | <input style="width: 20px; height: 20px;" type="text"/> | \$89 | | 15189 Walkthrough (ISOEDWT) | <input style="width: 20px; height: 20px;" type="text"/> | \$395 | |
| Urinalysis Benchtop Reference Guide (UABRG) | <input style="width: 20px; height: 20px;" type="text"/> | \$89 | | QMS Implementation Roadmap (ISOEDRM) | <input style="width: 20px; height: 20px;" type="text"/> | \$395 | |
| Semen Analysis Benchtop Reference Guide (SABRG) | <input style="width: 20px; height: 20px;" type="text"/> | \$89 | | Root Cause Analysis (ISOEDRC) | <input style="width: 20px; height: 20px;" type="text"/> | \$695 | |
| | | | | Internal Auditing (ISOEDIA) | <input style="width: 20px; height: 20px;" type="text"/> | \$495 | |
| | | | | Document Control (ISOEDDC) | <input style="width: 20px; height: 20px;" type="text"/> | \$350 | |
| | | | | Quality Manual Development (ISOEDQM) | <input style="width: 20px; height: 20px;" type="text"/> | \$350 | |
| | | | | Management Review (ISOEDMR) | <input style="width: 20px; height: 20px;" type="text"/> | \$395 | |
| | | | | Mistake Proofing (ISOEDMP) | <input style="width: 20px; height: 20px;" type="text"/> | \$425 | |
| | | | | Quality Culture (ISOEDCL) | <input style="width: 20px; height: 20px;" type="text"/> | \$395 | |
| | | | | All 9 QMEd Courses, 25% discount (ISOEDAL) | <input style="width: 20px; height: 20px;" type="text"/> | \$2900 | |

Please allow 5 business days to process your renewal order.

Page Total \$ _____



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2019 Laboratory Improvement Programs Order Form

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!

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|-----------------------------|--------------|
| 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.

