



**COLLEGE of AMERICAN  
PATHOLOGISTS**

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

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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## 2017 Laboratory Improvement Programs Order Form

CLIA Number

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Institution Name (Please Print)

CGI KK
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Name of Laboratory (Please Print)

CGI Lab
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Area Code	-	Laboratory Phone Number (Required)	-	Extension

Area Code	-	Laboratory Fax Number

### Medical Director

<input type="radio"/> Mr. <input checked="" type="radio"/> Ms.	Medical Director (First/Given Name)	Medical Director (Last/Family Name)	<input type="radio"/> MD <input type="radio"/> DO <input type="radio"/> PhD
<input type="radio"/> Mrs. <input type="radio"/> Dr.	K A Z U M I	O G A W A	<input checked="" type="radio"/> Other _____

Medical Director Email

Area Code	-	Medical Director Phone Number	-	Extension
3 5		5 6 3		1 3 6 8

### Proficiency Testing Ordering Contact - Order Questions

<input type="radio"/> Mr. <input checked="" type="radio"/> Ms.	PT Ordering Contact (First/Given Name)	PT Ordering Contact (Last/Family Name)	<input type="radio"/> MD <input type="radio"/> DO <input type="radio"/> PhD
<input type="radio"/> Mrs. <input type="radio"/> Dr.	M I S A	K A N A Y A M A	<input checked="" type="radio"/> Other _____

PT Ordering Contact Email

Area Code	-	PT Ordering Contact Phone Number	-	Extension
3 5		5 6 3		1 3 7 8

### Proficiency Testing Shipping Contact - Shipment Inquiries and Notifications

<input type="radio"/> Mr. <input checked="" type="radio"/> Ms.	Shipping Contact (First/Given Name)	Shipping Contact (Last/Family Name)	<input type="radio"/> MD <input type="radio"/> DO <input type="radio"/> PhD
<input type="radio"/> Mrs. <input type="radio"/> Dr.	M I S A	K A N A Y A M A	<input checked="" type="radio"/> Other _____

Shipping Contact Email

Area Code	-	Shipping Contact Phone Number	-	Extension





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## 2017 Laboratory Improvement Programs Order Form

**Proficiency Testing Shipping Address - Used for Shipping PT Kits. Cannot be a PO Box.**

Department Name

C G I C L I N I C A L L A B O R A T O R Y

Street Address (Note: Program materials cannot be delivered to a PO Box)

K A M I Y A C H O A Z A B U D A I B L D G . , 1 0 F

1 - 7 - 2 A Z A B U D A I

M I N A T O - K U

City  
T O K Y O J A P A N

State

Postal Code  
1 0 6 0 0 - 4 1

**Proficiency Testing Mailing Address (if different than Shipping Address) - Used for Mailing Evaluations and Other Reports**

Select if same as shipping address

Street Address

City

State

Postal Code





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## 2017 Gynecologic Cytology Proficiency Testing Order Details

- Use this page to select your testing dates and register proctors.
- See the CAP 2017 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 2017 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 6	<input type="radio"/> May 15	<input type="radio"/> Sep 11	<input type="radio"/> Feb 6	<input type="radio"/> May 15	<input type="radio"/> Sep 11	<input type="radio"/> Feb 6	<input type="radio"/> May 15	<input type="radio"/> Sep 11
<input type="radio"/> Feb 20	<input type="radio"/> Jun 5	<input type="radio"/> Sep 25	<input type="radio"/> Feb 20	<input type="radio"/> Jun 5	<input type="radio"/> Sep 25	<input type="radio"/> Feb 20	<input type="radio"/> Jun 5	<input type="radio"/> Sep 25
<input type="radio"/> Mar 6	<input type="radio"/> Jun 19	<input type="radio"/> Oct 9	<input type="radio"/> Mar 6	<input type="radio"/> Jun 19	<input type="radio"/> Oct 9	<input type="radio"/> Mar 6	<input type="radio"/> Jun 19	<input type="radio"/> Oct 9
<input type="radio"/> Mar 20	<input type="radio"/> Jul 10	<input type="radio"/> Oct 23	<input type="radio"/> Mar 20	<input type="radio"/> Jul 10	<input type="radio"/> Oct 23	<input type="radio"/> Mar 20	<input type="radio"/> Jul 10	<input type="radio"/> Oct 23
<input type="radio"/> Apr 3	<input type="radio"/> Jul 24	<input type="radio"/> Nov 6	<input type="radio"/> Apr 3	<input type="radio"/> Jul 24	<input type="radio"/> Nov 6	<input type="radio"/> Apr 3	<input type="radio"/> Jul 24	<input type="radio"/> Nov 6
<input type="radio"/> Apr 17	<input type="radio"/> Aug 7	<input type="radio"/> Nov 27	<input type="radio"/> Apr 17	<input type="radio"/> Aug 7	<input type="radio"/> Nov 27	<input type="radio"/> Apr 17	<input type="radio"/> Aug 7	<input type="radio"/> Nov 27
<input type="radio"/> May 1	<input type="radio"/> Aug 21		<input type="radio"/> May 1	<input type="radio"/> Aug 21		<input type="radio"/> May 1	<input type="radio"/> Aug 21	

### 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.

Mr.  Ms.  Mrs.  Dr.
  First/Given Name
  Last/Family Name
  CT  MD  MT
  Other \_\_\_\_\_

Email

Signature \_\_\_\_\_

Mr.  Ms.  Mrs.  Dr.
  First/Given Name
  Last/Family Name
  CT  MD  MT
  Other \_\_\_\_\_

Email

Signature \_\_\_\_\_

Mr.  Ms.  Mrs.  Dr.
  First/Given Name
  Last/Family Name
  CT  MD  MT
  Other \_\_\_\_\_

Email

Signature \_\_\_\_\_

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

45314





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## 2017 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
<b>Quality Management Tools</b>				<b>Endocrinology</b>			
Utilization of Red Blood Cell Transfusions (QP171)	□ □	_____	_____	Human Epididymis Protein 4 (HE4) (HUEP)	□ □	_____	_____
Workflow Process Mapping (QP172)	□ □	_____	_____	<b>Toxicology</b>			
Phlebotomy Staffing Ratios (QP173)	□ □	_____	_____	Nicotine and Tobacco Alkaloids (NTA)	□ □	_____	_____
Preanalytic Errors Competency Assessment (QP174)	□ □	_____	_____	<b>Instrument Validation Tools</b>			
<b>Quality Cross Check</b>				HCV Viral Load Calibration Verification/Linearity (LN45)	□ 1	_____	_____
Quality Cross Check-Whole Blood Glucose (WBGQ)	□ □	_____	_____	<b>Coagulation</b>			
Quality Cross Check-Parathyroid Hormone (PTHQ)	□ □	_____	_____	Drug-Specific Platelet Aggregation Double Volume (PIAX)	□ □	_____	_____
Quality Cross Check-Body Fluid (FLDQ)	□ □	_____	_____	Heparin-Induced Thrombocytopenia Whole Blood designed specifically for the Akers Biosciences PIFA Plus PF4™ Rapid Assay (CGS8)	□ □	_____	_____
Quality Cross Check-Hemoglobin A <sub>1c</sub> (GHQ)	□ □	_____	_____	<b>Microbiology</b>			
Quality Cross Check-Urinalysis (CMQ)	□ 1	_____	_____	Cryptococcal Antigen Detection (CRYP)	□ □	_____	_____
Quality Cross Check-Occult Blood (OCBQ)	□ □	_____	_____	Meningitis/Encephalitis Panel (IDME)	□ □	_____	_____
Quality Cross Check-Coagulation (CGLQ)	□ 2	_____	_____	<b>Genetics and Molecular Pathology</b>			
Quality Cross Check-Activated Clotting Time (CTQ)	□ □	_____	_____	CAP/ACMG Cytogenomic Microarray Analysis Oncology (CYCMA)	□ □	_____	_____
Quality Cross Check-Activated Clotting Time (CT1Q)	□ □	_____	_____	Pharmacogenetics (PGX3)	□ □	_____	_____
Quality Cross Check-Activated Clotting Time (CT2Q)	□ □	_____	_____	<b>Anatomic Pathology</b>			
Quality Cross Check-Activated Clotting Time (CT3Q)	□ □	_____	_____	BRAF V600E (BRAV)	□ □	_____	_____
Quality Cross Check-Activated Clotting Time (CT5Q)	□ □	_____	_____	Anaplastic Lymphoma Kinase IHC (PM6)	□ □	_____	_____
				PDL1 (PDL1)	□ □	_____	_____

Please allow 5 business days to process your renewal order.

Page Total \$ \_\_\_\_\_

34800





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To order these new programs, specify the quantity.

New Program Description	Quantity	Unit Price	Extended Amount	New Program Description	Quantity	Unit Price	Extended Amount
<b>Benchtop Reference Guides</b>				<b>CAP QMED Online Education (One-year license)</b>			
Arthropod Benchtop Reference Guide (ABRG)	<input type="text"/>			15189 Walkthrough (ISOEDWT)	<input type="text"/>		
Body Fluids Benchtop Reference Guide (BFBRG)	<input type="text" value="1"/>			QMS Implementation Roadmap (ISOEDRM)	<input type="text"/>		
Gram Stain Benchtop Reference Guide (GSBRG)	<input type="text"/>			Root Cause Analysis (ISOEDRC)	<input type="text"/>		
Hematology Benchtop Reference Guide (HBRG)	<input type="text"/>			Internal Auditing (ISOEDIA)	<input type="text"/>		
Mycology Benchtop Reference Guide (MBRG)	<input type="text"/>			Document Control (ISOEDDC)	<input type="text"/>		
Parasitology Benchtop Reference Guide (PBRG)	<input type="text"/>			Quality Manual Development (ISOEDQM)	<input type="text"/>		
Urinalysis Benchtop Reference Guide (UABRG)	<input type="text"/>			Management Review (ISOEDMR)	<input type="text"/>		
<b>Competency Assessment Program with Safety &amp; Compliance Courses</b>				Mistake Proofing (ISOEDMP)	<input type="text" value="1"/>		
Competency Assessment Program (CA0050)	<input type="text"/>			All 8 QMED Courses, 15% discount (ISOEDAL)	<input type="text"/>		
Competency Assessment Program (CA0250)	<input type="text"/>			<b>e-LAB Solutions Connect Service (for Domestic only)</b>			
Competency Assessment Program (CA0050) with Safety & Compliance courses (XCA0050)	<input type="text"/>			e-LAB Solutions Connect Service (3572LM)	<input type="text"/>		
Competency Assessment Program (CA0250) with Safety & Compliance courses (XCA0250)	<input type="text"/>			<i>Price per CAP number is a one time fee of \$895 inclusive of all CAP licensing, maintenance, and automated reporting fees.</i>			

Please allow 5 business days to process your renewal order.

Page Total \$ \_\_\_\_\_

55679





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## 2017 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
C Z - C		1		
C 3 - C		2		
C R T - B		1		
F H 9 P - C		1		

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.

20082

