



2024 Laboratory Improvement Programs Order Form for International Laboratories

Instructions:

This form may be (a) used to submit your completed order or (b) filled out to request a formal quotation (select “Pro-Forma Required” in the Payment Information section). If you require assistance with program selection or have additional questions related to our program offering, please contact our International Market Development Team (internationalteam@cap.org).

Initial Information:

To create your account in our system and assign you a unique identifier (seven-digit CAP number), we need some basic information.

- Institution Name – this is the overall organization name and will appear in your Organization Profile online.
- Laboratory Name (optional) – this will allow you to provide an extension of your institution name or provide a secondary laboratory name.

Medical Director:

This is the primary management contact for the testing site, and required information to participate in our proficiency testing (PT)/external quality assessment (EQA) programs. This person does not need to possess an MD or PhD degree.

Additional PT/EQA Contact Information:

Participation in the CAP PT/EQA programs requires several communications. Specifying the appropriate information below will ensure prompt communication.

- Ordering Contact – used for ordering questions; receives order acknowledgements and order confirmations
- Shipping Contact – used for shipment inquiries including customs clearance; receives shipment notifications
- Shipping Address – used for delivery of PT/EQA kits and binders
 - This must be a physical address. PO boxes are not acceptable.
 - Most customers use the physical street address for the organization. Be as specific as possible (eg, the receiving department, the room or floor level of the laboratory).
 - If your shipments are managed through a third party (a freight forwarder, a distributor, etc.), then please indicate the appropriate option and provide the related information.
- Mailing Address – this is to receive evaluation reports and other documents (non-kit materials); if this is blank, the shipping address will be the default for mailing items.

CAP Invoice Types:

Each type of invoice listed below serves a different purpose and not all may apply to your organization.

- Proforma Invoice – preliminary bill of sale with a quotation; may be used for a cost estimate or to support generation of purchase order within your organization
- Commercial Invoice – document that provides additional information regarding the kits and is used for customs declaration during shipment
- Financial Invoice – document that itemizes the sales of programs and services used by the customer to remit payment to CAP

Payment Information:

- To receive a formal quotation, please select “Pro-Forma Required,” leave the rest of the page blank and complete the Billing Information section on the following page.
- If you wish to place an order, then please indicate one of the payment methods and provide the requested information. There are five payment options – check, purchase order, credit card, letter of authorization, and wire transfer – with instructions for each option.

Billing Information:

To avoid order delays, we need the appropriate financial contact name, mailing address, and email address. Invoices related to your PT/EQA will be emailed to the contact provided. If the payment to the CAP is made by a sales agent/distributor, then please provide their related information where indicated on the form.

Programs Selection:

The remaining pages capture the programs you would like to order. The first set of pages feature new programs and selected additional resources. The remaining pages are blank for you to enter your order. Please print out additional blank pages if needed.



COLLEGE of AMERICAN
PATHOLOGISTS

Laboratory Quality Solutions

325 Waukegan Rd.
Northfield, IL 60093-2750 USA
t: 847-832-7000 option 1
(Country code: 1)
cdm@cap.org | cap.org

CAP Number (if you have one)

CLIA Number (if applicable)

Email completed form to: cdm@cap.org

2024 Laboratory Improvement Programs Order Form for International Laboratories

Institution Name

Laboratory Name (Optional)

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 (PT)/External Quality Assessment (EQA) Ordering Contact - Order 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

Country Code

PT/EQA Ordering Contact Phone Number

Extension

PT/EQA Shipping Contact - 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)

Country 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 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

Freight Forwarder or other address in the US
Alternate Ship To (ie, in-country address of distributor, sales agent, or other)

Department, Alternate Ship To, or Freight Forwarder Name

Contact Name

Email

Country 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 want a formal quotation, select "Pro-Forma Required." This is NOT a method of payment.

Pro-Forma Required

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 Commercial Bank
BMO Tower
320 S. Canal Street, 16th Fl.
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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Billing Information

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

Select if the Commercial Invoice (shipment invoice) should include the billing or buying agent contact.

If this box is checked, the billing contact (also known as Buying Agent) is responsible for customs clearance of your order and may be contacted by the applicable government agencies.

Note: Commercial Invoice is for shipment purposes only; it is not the Financial invoice that you remit payment on to the CAP for your order.

Billing Contact Email (Required)

Country Code	Billing Phone Number (Required)	Extension	Tax ID/VAT
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Billing Institution Name (Please print)

Accounts Receivable (A/R) Number (If available)

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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2024 Laboratory Improvement Programs Order Form for International Laboratories

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 2023-2024. If you need or are interested in getting assistance to finding the appropriate PT/EQA (for a given laboratory section or entire laboratory testing menu), please contact internationalteam@cap.org.

New Program Description and Program Code	Quantity	Unit Price (USD)	Total Price (Qty x Unit Price)
Anatomic Pathology			
CAP/NSH HistoQIP Targeted Therapy (HQTAR)			
CAP/NSH HistoQIP Cell Block Preparations (HQCLB)			
HER2 and ER Immunohistochemistry Interpretation Only (HERI)			
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)			
Coagulation			
Expanded Coagulation Factors (ECF)			
Genetics and Molecular Pathology			
CAP/ACMG Acylcarnitine Quantitation for Inherited Metabolic Disorders (BGL4)			
CAP/ACMG Fluorescence In Situ Hybridization for Paraffin-Embedded Tissue ALK Rearrangement in Lung (CYALK)			
Next-Generation Sequencing Solid Tumor Bioinformatics Hybrid (NGSB4)			
Next-Generation Sequencing Hematologic Malignancies Bioinformatics Hybrid (NGSB5)			
Hematology and Clinical Microscopy			
Blood Cell Identification, Virtual (BCPV)			
Hematology Automated Differential Series (FH17)			

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



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Instrumentation Verification			
High-Sensitivity Troponin I Calibration Verification/Linearity (LN48)			
Cystatin C Calibration Verification/Linearity (LN49)			
Microbiology			
Carbapenemase Detection (CRE)			
SARS-CoV-2 Antigen, 5 Challenge (CVAG)			
SARS-CoV-2 Molecular, 5 Challenge (COVM)			
Sexually Transmitted Infection Detection, Molecular (STIM)			
Quality Cross Check			
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)			
Quality Cross Check—Nucleic Acid Amplification, Respiratory Limited (ID3Q)			
Quality Management Tools			
Rates and Turnaround Times for Investigation and Reporting of Suspected Transfusion Reactions (QP241)			
Technical Competency Assessment of Body Fluid Review for up to 10 Technologists (QPB10)			
Technical Competency Assessment of Body Fluid Review for up to 25 Technologists (QPB25)			
Technical Competency Assessment of Peripheral Blood Smears for up to 10 Technologists (QPC10)			
Technical Competency Assessment of Peripheral Blood Smears for up to 25 Technologists (QPC25)			
Technical Competency Assessment of Gram Stains for up to 10 Technologists (QPD10)			
Technical Competency Assessment of Gram Stains for up to 25 Technologists (QPD25)			

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New Program Description and Program Code	Quantity	Unit Price (USD)	Total Price (Qty x Unit Price)
Transfusion Medicine			
Direct Antiglobulin Testing—Automated (ADAT)			
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			
Informatics Essentials for Pathologists (ICBE)			
Informatics Essentials for Pathologists, Additional Pathologist (ICBE1)			
Navigating Multimodality Biomarker Assessment (NMBA)			
Navigating Multimodality Biomarker Assessment, Additional Participant (NMB1)			

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In addition to our testing programs, the CAP provides other resources to support your laboratory's quality initiatives. Below is a selection of some of those resources. **Note:** all content is only available in English. If you need or are interested in getting assistance to finding the appropriate PT/EQA (for a given laboratory section or entire laboratory testing menu), please contact internationalteam@cap.org.

New Program Description and Program Code	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.			

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Resource Description and Code	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			
Color Atlas of Flow Cytometry (PUB230)			
Color Atlas of Hematology Vol. 1 (Peripheral Blood), 2nd Edition (PUB222)			
Color Atlas of Hematology Vol. 2 (Bone Marrow), 2nd Edition (PUB229)			
Disruptive Technologies (PUB318)			
Grossing, Staging, and Reporting: An Integrated Manual of Modern Surgical Pathology (PUB131)			
Surgical Pathology Review (PUB130)			
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.

[illegible]



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[illegible]

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

*Import fees are the responsibility of the customer. To ensure timely delivery of your PT/EQA shipments, please work with your carrier and/or brokerage partner to set up an account for management of import fees as soon as possible.

**The CAP will add shipping charges to the order, as applicable. Please reference the order supplement for further information.

Page Total **\$**

Subtotal from prior page(s) \$

Estimated Sales Tax* **\$**

Shipping Charge** \$

Order Total **\$**