



## 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](mailto: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](mailto:cdm@cap.org)

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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

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

**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)

\_\_\_\_\_

<b>Country Code</b>	<b>Billing Phone Number</b> (Required)	<b>Extension</b>	<b>Tax ID/VAT</b>
_____	_____	_____	_____

**Billing Institution Name** (Please print)

\_\_\_\_\_

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

\_\_\_\_\_

**Billing Street Address**

<b>City</b>	<b>State/Province</b>
_____	_____

<b>Postal Code</b> (Required)	<b>Country</b>
_____	_____

**Note:** For special billing or documentation needs please contact the CAP's Customer Data Management team ([cdm@cap.org](mailto:cdm@cap.org)).



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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](mailto:internationalteam@cap.org).

New Program Description and Program Code	Quantity	Unit Price (USD)	Total Price (Qty x Unit Price)
<b>Anatomic Pathology</b>			
CAP/NSH HistoQIP Targeted Therapy (HQTAR)	_____	_____	_____
CAP/NSH HistoQIP Cell Block Preparations (HQCLB)	_____	_____	_____
HER2 and ER Immunohistochemistry Interpretation Only (HERI)	_____	_____	_____
<b>Blood Gas, Critical Care, and Oximetry</b>			
Critical Care Blood Gas with Hematocrit (AQH)	_____	_____	_____
Critical Care Blood Gas, i-STAT (AQIS)	_____	_____	_____
<b>Chemistry</b>			
<i>H. pylori</i> Breath Test (HPBT)	_____	_____	_____
<b>Coagulation</b>			
Expanded Coagulation Factors (ECF)	_____	_____	_____
<b>Genetics and Molecular Pathology</b>			
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)	_____	_____	_____
<b>Hematology and Clinical Microscopy</b>			
Blood Cell Identification, Virtual (BCPV)	_____	_____	_____
Hematology Automated Differential Series (FH17)	_____	_____	_____

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



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New Program Description and Program Code	Quantity	Unit Price (USD)	Total Price (Qty x Unit Price)
<b>Instrumentation Verification</b>			
High-Sensitivity Troponin I Calibration Verification/Linearity (LN48)	_____	_____	_____
Cystatin C Calibration Verification/Linearity (LN49)	_____	_____	_____
<b>Microbiology</b>			
Carbapenemase Detection (CRE)	_____	_____	_____
SARS-CoV-2 Antigen, 5 Challenge (CVAG)	_____	_____	_____
SARS-CoV-2 Molecular, 5 Challenge (COVM)	_____	_____	_____
Sexually Transmitted Infection Detection, Molecular (STIM)	_____	_____	_____
<b>Quality Cross Check</b>			
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)	_____	_____	_____
<b>Quality Management Tools</b>			
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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<b>Transfusion Medicine</b>			
Direct Antiglobulin Testing—Automated (ADAT)	_____	_____	_____
<b>Competency Assessment Hub With Optional Safety &amp; Compliance Courses</b>			
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.			
<b>Continuing Medical Education</b>			
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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## 2024 Laboratory Improvement Programs Order Form for International Laboratories

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](mailto:internationalteam@cap.org).*

New Program Description and Program Code	Quantity	Unit Price (USD)	Total Price (Qty x Unit Price)
<b>CAP QMED Online Education (One-year license)</b>			
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.			

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



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Resource Description and Code	Quantity	Unit Price (USD)	Total Price (Qty x Unit Price)
<b>Benchtop Reference Guides</b>			
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)	_____	_____	_____
<b>CAP Publications</b>			
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 <a href="http://cap.org">cap.org</a> and click <b>Publications</b> .			

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If you need additional space to enter more programs for your order, print and copy this page as needed.

Program Code	Description	Quantity	Unit Price (USD)	Total Price (Qty x Unit Price)



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Program Code	Description	Quantity	Unit Price (USD)	Total Price (Qty x Unit Price)

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



\_\_\_\_\_

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Program Code	Description	Quantity	Unit Price (USD)	Total Price (Qty x Unit Price)

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

# Thank You!

**Page Total**      \$ \_\_\_\_\_

**Subtotal** from prior page(s)      \$ \_\_\_\_\_

**Estimated Sales Tax\***      \$ \_\_\_\_\_

**Shipping Charge\*\***      \$ \_\_\_\_\_

**Order Total**      \$ \_\_\_\_\_

\*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.