

※オーダーフォームは全て英数字で入力して下さい。



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)

新規のご施設は空欄

CLIA Number (if applicable)

Email completed form to: cdm@cap.org

見本

2024 Laboratory Improvement Programs Order Form for International Laboratories

Institution Name

CGI KK

施設名を入力して下さい

Laboratory Name (Optional)

CGI Clinical Laboratory

ラボ名を入力して下さい

Country Code

81

国番号

Laboratory Phone Number

355631368

0を除いた市外局番から入力して下さい

Extension

Medical Director

Mr. Ms. Medical Director (First/Given Name) Medical Director (Last/Family Name) MD DO PhD
 Mrs. Dr. Mark Colby Other

Medical Director Email mcolby@cgikk.com 検査室責任者ファーストネーム (名) ラストネーム (姓) メールアドレスを入力して下さい MD,DO,PhD,Otherのいずれかを選択して下さい。

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. Kazumi Ogawa Other

PT/EQA Ordering Contact Email kogawa@cgikk.com 発注担当者ファーストネーム (名) ラストネーム (姓) メールアドレスを入力して下さい MD,DO,PhD,Otherのいずれかを選択して下さい。

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. Kazumi Ogawa Other

PT/EQA Shipping Contact Email (Required) kogawa@cgikk.com サーバイ試料受領担当者ファーストネーム (名) ラストネーム (姓) メールアドレスを入力して下さい MD,DO,PhD,Otherのいずれかを選択して下さい。

Country Code

PT/EQA Shipping Contact Phone Number (Required)

Extension



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2024 Laboratory Improvement Programs Order Form for International Laboratories

Laboratory's Physical Address

Street Address **住所**

Kamiyacho Azabudai Bldg., 10F 1-7-2 Azabudai

City **Minato-ku**

State/Province **Tokyo**

Postal Code (Required)
106-0041

Country
JAPAN

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



Email completed form to: cdm@cap.org

2024 Laboratory Improvement Programs Order Form for International Laboratories

Enter the appropriate PT/EQA program code and quantity to order. The program code and description information can be found in the Surveys Catalog on the individual program pages or the Analyte/Procedure Index towards the back of the catalog. (Note: The CAP will apply appropriate shipping and handling charges.) **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.**

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)
KRAS-B	←サーベイプログラムコードと 配送回 (-B,-C) を入力して下さい。	2 ←個数を入力して下さい。		
JAT-B		1		
JAT-C		1		
COV2-A		1		
COV2-B		1		
	COV2,COV2Q,COVAG,COVAQ,COVS,COVSQのみ 配送回 (A回およびB回) の参加となります。			
	COV関係以外のサーベイについては、B回からの参加となっております。			
	※ ご注文の際は、オーダーフォーム2ページ、3ページ、11ページ のみご入力のうえ、全ページを1つのpdfにしてお送りください。			