

※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: +1-847-832-7000, option 1
cdm@cap.org | cap.org

Email completed form to: cdm@cap.org

見本

CAP Number (if you have one)

新規のご施設は空欄

CLIA Number (if applicable)

2025 Laboratory Improvement Programs Order Form for International Laboratories

Institution Name

CGI KK

施設名を入力してください

Laboratory Name (Optional)

CGI Clinical Laboratory

ラボ名を入力してください

Country Code

81

国番号

Laboratory Phone Number

355631368

最初の0を除いた市外局番から入力してください

Extension

Medical Director

☒ Mr. ☐ Ms. Medical Director (First/Given Name)

Mark

Medical Director (Last/Family Name)

Colby

☐ MD ☐ DO ☒ PhD

☐ Mrs. ☐ Dr.

検査室管理者ファーストネーム (名)

ラストネーム (姓)

該当する場合は、
MD, DO, PhD, Otherの
いずれかを選択して下さい。

Medical Director Email

mcolby@cgikk.com

メールアドレスを入力してください

Country Code

Medical Director Phone Number

Extension

Proficiency Testing (PT)/External Quality Assessment (EQA) Ordering Contact - Used for Ordering Questions

☐ Mr. ☒ Ms. PT/EQA Ordering Contact (First/Given Name)

Kazumi

Ogawa

☐ MD ☐ DO ☐ PhD

☐ Mrs. ☐ Dr.

発注担当者ファーストネーム (名)

ラストネーム (姓)

該当する場合は、
MD, DO, PhD, Otherの
いずれかを選択して下さい。

PT/EQA Ordering Contact Email

kogawa@cgikk.com

メールアドレスを入力してください

Country Code

PT/EQA Ordering Contact Phone Number

Extension

PT/EQA Shipping Contact - Used for Shipment Inquiries and Notifications

☐ Mr. ☒ Ms. PT/EQA Shipping Contact (First/Given Name)

Kazumi

Ogawa

☐ MD ☐ DO ☐ PhD

☐ Mrs. ☐ Dr.

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)

該当する場合は、
MD, DO, PhD, Otherの
いずれかを選択して下さい。

PT/EQA Shipping Contact Email (Required)

kogawa@cgikk.com

メールアドレスを入力してください

Country Code

PT/EQA Shipping Contact Phone Number (Required)

Extension



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2025 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/EQA Kits. Cannot be a PO Box.

Please select the option below that applies to the location where your PT/EQA 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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2025 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 programs (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はA回およびB回の参加となります。 HERIはA回のみ参加となります。 COV関係およびHERI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。				

Page Total

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