



cap

College of American Pathologists
325 Waukegan Rd.
Northfield, IL 60093-2750
Tel: 800-323-4040 option 1
Dir: 847-832-7000 option 1
Fax: 847-832-8168 | www.cap.org

CAP Number

Grid for CAP Number

FAX TO: 847-832-8168

2011 Laboratory Improvement Programs Order Form

CLIA Number

Grid for CLIA Number

Laboratory Information

Medical Director (First Name)

Grid for Medical Director First Name

Medical Director (Last Name)

Grid for Medical Director Last Name

- MD, Other, DO, PhD radio buttons

Medical Director Email

Grid for Medical Director Email

PT Ordering Contact (First Name)

Grid for PT Ordering Contact First Name

PT Ordering Contact (Last Name)

Grid for PT Ordering Contact Last Name

- MD, Other, DO, PhD radio buttons

Shipping Information - All shipments, including PAP, will be sent to the person and address listed below.

Shipping Contact (First Name)

Grid for Shipping Contact First Name

Shipping Contact (Last Name)

Grid for Shipping Contact Last Name

- MD, Other, DO, PhD radio buttons

Shipping Contact Email

Grid for Shipping Contact Email

Country Code

Grid for Country Code

Area Code

Grid for Area Code

Laboratory Phone Number (Required)

Grid for Laboratory Phone Number

Extension

Grid for Extension

Area Code

Grid for Area Code

Laboratory Fax Number

Grid for Laboratory Fax Number

Institution Name (Please Print)

Grid for Institution Name

Department Name

Grid for Department Name

Street Address (Note: Products cannot be delivered to a PO Box.)

Grid for Street Address

Grid for Street Address

Grid for Street Address

City

Grid for City

State

Grid for State

Postal Code

Grid for Postal Code

Grid for Postal Code

Province (Use abbreviation)

Grid for Province

Country

Grid for Country

8339





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Payment Information

To avoid delay, you MUST INCLUDE ONE of the following methods of payment (in US dollars).

Check Number (Payable to College of American Pathologists)

Grid for Check Number

Payment Total

\$ Grid for Payment Total

Purchase Order Number

Grid for Purchase Order Number

* Terms: For orders placed before Oct. 31, 2010, the invoice due date will be Dec. 1, 2010. For orders placed on or after Nov. 1, 2010, terms are Net 30.

AMEX VISA MasterCard

Card Number

Grid for Card Number

Expiration Date (MM/YY)

Grid for Expiration Date

Cardholder's Signature

For CAP Office Use Only

Edited by

- TEF TEN NOPO
CT LOA
MO/OP Wire Transfer
(See order #)

Card Holder Name

Grid for Card Holder Name

Billing Information

Billing Contact (First Name)

Grid for Billing Contact (First Name)

Billing Contact (Last Name)

Grid for Billing Contact (Last Name)

- MD Other
DO
PhD

Billing Contact Email

Grid for Billing Contact Email

Country Code

Grid for Country Code

Area Code

Grid for Area Code

Billing Phone Number (Required)

Grid for Billing Phone Number

Extension

Grid for Extension

Area Code

Grid for Area Code

Billing Fax Number

Grid for Billing Fax Number

Institution Name (Please Print)

Grid for Institution Name

Department Name

Grid for Department Name

Street Address

Grid for Street Address

Grid for Street Address

Grid for Street Address

City

Grid for City

State

Grid for State

Postal Code

Grid for Postal Code

Grid for Postal Code

Province (Use abbreviation)

Grid for Province

Country

Grid for Country

30306





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2011 Laboratory Improvement Programs Order Form

Enter the appropriate code and quantity to order products. (Note: for International customers, CAP will apply appropriate S/H charges.)

Product Code	Description	Quantity	Unit Price	Extended Amount													
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Thank You!

Page Total \$ _____

Subtotal from Prior Page(s) \$ _____

Estimated Sales Tax* \$ _____

Order Total \$ _____

9611





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2011 Gynecologic Cytology Proficiency Testing Order Details

- Use this page to select your testing dates and register proctors.
See the Anatomic Pathology section of the 2011 Surveys and Anatomic Pathology Education Programs catalog.

Testing Dates

Indicate three testing sessions for your 2011 cytology proficiency testing.

The CAP will attempt to schedule your preference; however, we may assign an alternative session to you.

This page is not to be used by those ordering PAP Education.

Table with 3 columns: First Choice Session (Fill one.), Second Choice Session (Fill one.), Third Choice Session (Fill one.). Each column lists dates from Feb to Nov with radio button options.

Proctors

All laboratories providing their own proctors must complete this form.

Proctor Information

All proctors will read the proctor packet instructions, take the proctor examination, and perform the duties of the proficiency testing proctor.

Form 1: Proctor 1. Fields for First Name, Last Name, Email, and selection of CT, MD, MT, or Other.

Signature

Form 2: Proctor 2. Fields for First Name, Last Name, Email, and selection of CT, MD, MT, or Other.

Signature

Form 3: Proctor 3. Fields for First Name, Last Name, Email, and selection of CT, MD, MT, or Other.

Signature

Form 4: Proctor 4. Fields for First Name, Last Name, Email, and selection of CT, MD, MT, or Other.

Signature

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





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Enter the quantity to order these new products.

Table with 8 columns: New Product Description, Quantity, Unit Price, Extended Amount, New Product Description, Quantity, Unit Price, Extended Amount. Rows include New Surveys, New Q-PROBES, and CAP QMED Online Education.

Page Total \$

58342

