





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

2014 Laboratory Improvement Programs Order Form

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, 2013, the invoice due date will be Dec. 1, 2013. For orders placed on or after Nov. 1, 2013, terms are Net 30.

Card Number (Visa, MC, or AMEX)

Grid for Card Number

Expiration Date (MM/YY)

Grid for Expiration Date

Card Holder Name

Grid for Card Holder Name

For CAP Office Use Only

TEF TEN NOPO CT

MO/OP (See order #)

Letter of Authorization
Wire Transfer

Name of Issuing Bank

Cardholder's Signature

Billing Information

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

Billing Contact Email

Grid for Billing Contact Email

Country Code Area Code Billing Phone Number (Required) Extension Area Code Billing Fax Number

Institution Name (Please Print)

Grid for Institution Name

Name of Laboratory (Please Print)

Grid for Name of Laboratory

Department Name

Grid for Department Name

Street Address

Grid for Street Address

Grid for Street Address

Grid for Street Address

City State Postal Code

51820





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**To order these new programs, specify quantity**

New Program Description	Quantity	Unit Price	Extended Amount	New Program Description	Quantity	Unit Price	Extended Amount
<b>Anatomic Pathology</b>				<b>Genetics and Molecular Pathology</b>			
HistoQIP-IHC (HQIHC)	<input type="text"/>	\$560	_____	Alpha-1 Antitrypsin ( <i>SERPINA1</i> ) Genotyping (AAT)	<input type="text"/>	\$866	_____
PAP PT Series 1, SurePath + ThinPrep (PAPLPT1)	<input type="text"/>	\$1440	_____	Apolipoprotein E Genotyping (APOE)	<input type="text"/>	\$876	_____
PAP PT Series 1, SurePath + ThinPrep, Individual (APAPLPT1)	<input type="text"/>	\$96	_____	Hemoglobinopathies, Molecular Methods (HGM)	<input type="text"/>	\$866	_____
PAP PT Series 2, SurePath + ThinPrep (PAPLPT2)	<input type="text"/>	\$1440	_____	Multigene Tumor Panel (MTP)	<input type="text"/>	\$1880	_____
PAP PT Series 2, SurePath + ThinPrep, Individual (APAPLPT2)	<input type="text"/>	\$96	_____	Neoplastic Cellularity (NEO)	<input type="text"/>	\$360	_____
PAP Education Series 1, SurePath + ThinPrep (PAPLE1)	<input type="text"/>	\$474	_____	IL28B Genotyping (PGx1)	<input type="text"/>	\$796	_____
PAP Education Series 1, SurePath + ThinPrep, Individual (APAPLE1)	<input type="text"/>	\$74	_____	HLA-B*5701 Genotyping (PGx2)	<input type="text"/>	\$796	_____
PAP Education Series 2, SurePath + ThinPrep (PAPLE2)	<input type="text"/>	\$474	_____	Rett Syndrome ( <i>MECP2</i> ) Genotyping (RETT)	<input type="text"/>	\$866	_____
PAP Education Series 2, SurePath + ThinPrep, Individual (APAPLE2)	<input type="text"/>	\$74	_____	Thrombophilia Mutations (TPM)	<input type="text"/>	\$750	_____
PAP PT Glass with Online Education, SurePath (PTGDK)	<input type="text"/>	\$1200	_____	<b>Competency Assessment Program with Safety &amp; Compliance Courses</b>			
PAP PT Glass with Online Education, SurePath, Individual (APTGDK)	<input type="text"/>	\$96	_____	Competency Assessment Program (CA0050)	<input type="text"/>	\$740	_____
PAP PT Glass with Online Education, SurePath + ThinPrep (PTGDL)	<input type="text"/>	\$1200	_____	Competency Assessment Program (CA0250)	<input type="text"/>	\$1650	_____
PAP PT Glass with Online Education, SurePath + ThinPrep, Individual (APTGDL)	<input type="text"/>	\$96	_____	Competency Assessment Program (CA0050) with Safety & Compliance courses (XCA0050)	<input type="text"/>	\$1020	_____
PAP PT Glass with Online Education, ThinPrep (PTGDM)	<input type="text"/>	\$1200	_____	Competency Assessment Program (CA0250) with Safety & Compliance courses (XCA0250)	<input type="text"/>	\$2260	_____
PAP PT Glass with Online Education, ThinPrep, individual (APTGDM)	<input type="text"/>	\$96	_____	<b>Benchtop Reference Guides</b>			
				Body Fluids Benchtop Reference Guide (BFBRG)	<input type="text"/>	\$89	_____
				Hematology Benchtop Reference Guide (HBRG)	<input type="text"/>	\$89	_____
				Mycology Benchtop Reference Guide (MBRG)	<input type="text"/>	\$89	_____
				Parasitology Benchtop Reference Guide (PBRG)	<input type="text"/>	\$89	_____
				Urinalysis Benchtop Reference Guide (UABRG)	<input type="text"/>	\$89	_____

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

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<b>Quality Management Tools</b>				<b>Instrumentation Validation Tools</b>			
Technical Staffing Ratios (QP141)	<input type="text"/>	\$420		CMV Viral Load CVL (LN38)	<input type="text"/>	\$750	
Validating Laboratory Results in Electronic Health Records (QP142)	<input type="text"/>	\$420		HIV Viral Load CVL (LN39)	<input type="text"/>	\$750	
Physician Satisfaction with Clinical Laboratory Services (QP143)	<input type="text"/>	\$420		Vitamin D CVL (LN40)	<input type="text"/>	\$700	
Use and Effectiveness of Delta Checks (QP144)	<input type="text"/>	\$420		Procalcitonin CVL (LN41)	<input type="text"/>	\$750	
Mislabeled Cases, Specimens, Blocks & Slides (QT19)	<input type="text"/>	\$940		D-Dimer CVL (LN42)	<input type="text"/>	\$500	
<b>Point-of-Care Programs</b>				<b>Hematology and Clinical Microscopy</b>			
POC Blood Gases Competency (POC10)	<input type="text"/>	\$156		Clinical Microscopy, iCHEM (CMP1)	<input type="text"/>	\$212	
POC Blood Gases, i-STAT Competency (POC11)	<input type="text"/>	\$156		Erythrocyte Sedimentation Rate, ALCOR (ESR3)	<input type="text"/>	\$316	
POC Plasma Cardiac Markers Competency (POC12)	<input type="text"/>	\$148		Rupture of Fetal Membrane (ROM1)	<input type="text"/>	\$414	
POC <i>H. pylori</i> Antibody Competency (POC13)	<input type="text"/>	\$148		<b>Coagulation</b>			
POC Medtronic ACT/ACT, i-STAT Competency (POC14)	<input type="text"/>	\$166		Heparin Induced Thrombocytopenia, Akers Bioscience (CGS6)	<input type="text"/>	\$478	
POC HemoChron Jr IL GEM ACT-LR Competency (POC15)	<input type="text"/>	\$156		<b>Microbiology</b>			
POC HemoChron Jr Signature IL GEM PCL ACT (POC16)	<input type="text"/>	\$156		<i>Candida</i> Culture (F3)	<input type="text"/>	\$351	
<b>Endocrinology</b>				Gastrointestinal Panel (GIP)	<input type="text"/>	\$392	
Anti-Mullerian Hormone (AMH)	<input type="text"/>	\$586		Gram-Positive Blood Culture Panel (GPBC)	<input type="text"/>	\$392	
<b>Toxicology</b>				<b>Immunology and Flow Cytometry</b>			
Synthetic Cannabinoid/Designer Drugs (SCDD)	<input type="text"/>	\$1202		Antifilamentous Actin IgG Antibody (FCN)	<input type="text"/>	\$420	
Vitreous Fluid, Postmortem (VF)	<input type="text"/>	\$420		<b>Transfusion Medicine, Viral Markers, and Parentage Testing</b>			
<b>Accuracy-Based Programs</b>				Bacterial Detection in Platelets, Rapid (BDPV)	<input type="text"/>	\$600	
Accuracy-Based Thyroid (ABTH)	<input type="text"/>	\$376		Bacterial Detection in Platelets, Rapid (BDPV5)	<input type="text"/>	\$906	
				Electronic Crossmatch, Automated (EXM2)	<input type="text"/>	\$380	
				Red Blood Cell Antigen Genotyping (RAG)	<input type="text"/>	\$628	
				Transfusion Medicine Automated Education (JATE1)	<input type="text"/>	\$300	

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**To order these new programs, specify quantity**

New Program Description	Quantity	Unit Price	Extended Amount	New Program Description	Quantity	Unit Price	Extended Amount
<b>CAP QMED Online Education (1-year license)</b>				<b>Publications</b>			
15189 Walkthrough (ISOEDWT)	□ □	\$395		<b>Set of four lab atlases</b> Color Atlas of Hematology Color Atlas of Body Fluids Color Atlas of Urinary Sediment Color Atlas of Hemoglobin Disorders (BOOKSET)	□ □	\$325	
QMS Implementation Roadmap (ISOEDRM)	□ □	\$395					
Root Cause Analysis (ISOEDRC)	□ □	\$695					
Internal Auditing (ISOEDIA)	□ □	\$495					
Document Control (ISOEDDC)	□ □	\$350					
Quality Manual Development (ISOEDQM)	□ □	\$350					
Management Review (ISOEDMR)	□ □	\$395					
All 7 QMED Courses, 15% off (ISOEDAL)	□ □	\$2600		<b>e-LAB Solutions Connect Service</b> e-LAB Solutions Connect Service (3572LM) <i>Price per CAP number is \$895 for the full year inclusive of all CAP licensing, maintenance, and automated reporting fees.</i>			

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# 2014 Gynecologic Cytology Proficiency Testing Order Details

- Use this page to select your testing dates and register proctors.
- See the CAP 2014 Catalog, PAP pages and PAP Shipping and Pricing for details.

## Testing Dates

Indicate three testing sessions for your 2014 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.

First Choice Session (Fill one.)	Second Choice Session (Fill one.)	Third Choice Session (Fill one.)
<input type="radio"/> Feb 10	<input type="radio"/> Feb 10	<input type="radio"/> Feb 10
<input type="radio"/> Feb 24	<input type="radio"/> Feb 24	<input type="radio"/> Feb 24
<input type="radio"/> Mar 10	<input type="radio"/> Mar 10	<input type="radio"/> Mar 10
<input type="radio"/> Mar 24	<input type="radio"/> Mar 24	<input type="radio"/> Mar 24
<input type="radio"/> Apr 7	<input type="radio"/> Apr 7	<input type="radio"/> Apr 7
<input type="radio"/> Apr 21	<input type="radio"/> Apr 21	<input type="radio"/> Apr 21
<input type="radio"/> May 5	<input type="radio"/> May 5	<input type="radio"/> May 5
<input type="radio"/> May 19	<input type="radio"/> May 19	<input type="radio"/> May 19
<input type="radio"/> Jun 2	<input type="radio"/> Jun 2	<input type="radio"/> Jun 2
<input type="radio"/> Jun 16	<input type="radio"/> Jun 16	<input type="radio"/> Jun 16
<input type="radio"/> Jul 7	<input type="radio"/> Jul 7	<input type="radio"/> Jul 7
<input type="radio"/> Jul 21	<input type="radio"/> Jul 21	<input type="radio"/> Jul 21
<input type="radio"/> Aug 4	<input type="radio"/> Aug 4	<input type="radio"/> Aug 4
<input type="radio"/> Aug 18	<input type="radio"/> Aug 18	<input type="radio"/> Aug 18
<input type="radio"/> Sep 8	<input type="radio"/> Sep 8	<input type="radio"/> Sep 8
<input type="radio"/> Sep 22	<input type="radio"/> Sep 22	<input type="radio"/> Sep 22
<input type="radio"/> Oct 6	<input type="radio"/> Oct 6	<input type="radio"/> Oct 6
<input type="radio"/> Oct 20	<input type="radio"/> Oct 20	<input type="radio"/> Oct 20
<input type="radio"/> Nov 3	<input type="radio"/> Nov 3	<input type="radio"/> Nov 3
<input type="radio"/> Nov 17	<input type="radio"/> Nov 17	<input type="radio"/> Nov 17

## Proctors

All laboratories providing their own proctors must complete this form.

## Proctors Information

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

1.  Mr.  Ms.  Mrs.  Dr. First/Given Name  Last/Family Name   CT  MD  MT  
 Other \_\_\_\_\_  
 Email

Signature \_\_\_\_\_

2.  Mr.  Ms.  Mrs.  Dr. First/Given Name  Last/Family Name   CT  MD  MT  
 Other \_\_\_\_\_  
 Email

Signature \_\_\_\_\_

3.  Mr.  Ms.  Mrs.  Dr. First/Given Name  Last/Family Name   CT  MD  MT  
 Other \_\_\_\_\_  
 Email

Signature \_\_\_\_\_

4.  Mr.  Ms.  Mrs.  Dr. First/Given Name  Last/Family Name   CT  MD  MT  
 Other \_\_\_\_\_  
 Email

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.

8889

Signature of Lab Director or Designee

Date





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## 2014 Laboratory Improvement Programs Order Form

**Enter the appropriate program code and quantity to order. (Note: The CAP will apply appropriate S/H charges.)**

Program Code	Description	Quantity	Unit Price	Extended Amount
<input type="text"/>		<input type="text"/>		
<input type="text"/>		<input type="text"/>		
<input type="text"/>		<input type="text"/>		
<input type="text"/>		<input type="text"/>		
<input type="text"/>		<input type="text"/>		
<input type="text"/>		<input type="text"/>		
<input type="text"/>		<input type="text"/>		
<input type="text"/>		<input type="text"/>		
<input type="text"/>		<input type="text"/>		
<input type="text"/>		<input type="text"/>		

Thank You!

Page Total	\$ _____
Subtotal from Prior Page(s)	\$ _____
Estimated Sales Tax*	\$ _____
Shipping & Handling	\$ _____
 Order Total	 \$ _____

\*Actual sales tax will be calculated based upon your ship-to address and the taxability of the items purchased. Duties, taxes and other important fees are the responsibility of the customer at the time of delivery.

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