



2026 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).

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

CAP Number (if you have one)

CLIA Number (if applicable)

Email completed form to: cdm@cap.org

2026 Laboratory Improvement Programs Order Form for International Laboratories

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 - Used for Ordering 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 - Used for 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/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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Payment Information

Pro-Forma Required By selecting "Pro-Forma Required", we will send you a formal quotation. This is NOT a method of payment. The rest of the page may be left blank.

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 Bank N.A.
320 S. Canal Street
Chicago, IL 60606 USA
Phone: +1-312-461-2323

Account Name: The College of American Pathologists
Account Number: 2237337
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. Your payment card may be authorized for up to 3% above the estimated purchase amount. This temporary authorization helps ensure sufficient funds are available for adjustments such as taxes. You will only be charged the final purchase amount once the transaction is completed.

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

\$



COLLEGE of AMERICAN
PATHOLOGISTS
Laboratory Quality Solutions

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Billing Information

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

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)

Country Code	Billing Phone Number (Required)	Extension	Tax ID/VAT
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Billing Institution Name (Please print)

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

Billing Street Address

City

State/Province

Postal Code (Required)

Country

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



Email completed form to: cdm@cap.org

2026 Laboratory Improvement Programs Order Form for International Laboratories

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 2025-2026. If you need or are interested in getting assistance to finding the appropriate PT/EQA program (for a given laboratory section or entire laboratory testing menu), please contact internationalteam@cap.org.

New Program Description and Program Code	Quantity	Unit Price (USD)	Total Price (Qty x Unit Price)
Anatomic Pathology			
Human Papillomavirus (High Risk) for Cytopathology (CHPV)			
Anatomic Pathology/Immunohistochemistry Interpretation Only Programs			
Gastric, Pan Tumor HER2, Interpretation Only (GPH)			
Gastric, Pan Tumor HER2, Interpretation Only, Additional Pathologist (GPH1)			
PD-L1 Tumor Proportion Score IHC, Interpretation Only (TPS)			
PD-L1 Tumor Proportion Score IHC, Interpretation Only, Additional Pathologist (TPS1)			
HER2 and ER Immunohistochemistry Interpretation Only, Additional Pathologist (HERI1)			
Anatomic Pathology/Surgical Pathology			
CAP/NSH HistoQIP Pediatric Program (HQPED)			
Endocrinology			
Parathyroid Hormone (PTH)			
General Chemistry and Therapeutic Drug Monitoring			
Waived Hemoglobin (HCC1)			
Point-of-Care High-Sensitivity Troponin I (PCHT)			
Waived Hematocrit, Hemoglobin, and Urinalysis/Urine hCG (HCC3)			
Waived Whole Blood Glucose (HCC4)			
Genetics and Molecular Pathology/Cytogenetics			
Optical Genome Mapping (OGM)			

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

Page Total \$



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New Program Description and Program Code	Quantity	Unit Price (USD)	Total Price (Qty x Unit Price)
Histocompatibility			
HLA Antibody Screen (Class I/Class II) Only (MXS)			
HLA Crossmatching, Antibody Screen, and Antibody Identification (Class I/Class II), Extra Plasma (MXEP)			
Immunology and Flow Cytometry/Immunology			
Thyroid Stimulating Hormone (TSH) Receptor Binding Antibody (TSHR)			
Instrumentation Verification Tools/Calibration Verification/Linearity			
Thyroid Panel Calibration Verification/Linearity (LN50)			
Factor VIII Calibration Verification/Linearity (LN51)			
HBV Viral Load Calibration Verification/Linearity (LN52)			
Reticulocyte Calibration Verification/Linearity (LN53)			
Microbiology/Infectious Disease Serology			
Dengue Virus Serology (DENS)			
Microbiology/Multidiscipline Microbiology			
Gastrointestinal Panel, Global (GIPN)			

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Microbiology/Parasitology			
Rapid Malaria, 5 Challenge (RML5)			
Trichomonas vaginalis, Molecular, 5 Challenge (TVG5)			
Microbiology/Virology			
HIV-1/HIV-2 Detection and Differentiation, Molecular (HVDD)			
Quality Management Tools			
Comparative Inpatient Analyte Volumes for Individual and Integrated Laboratories (QPA5)			
Comparative Inpatient Analyte Volumes for Individual and Integrated Laboratories (QPA10)			
Transfusion Medicine, Viral Markers, and Parentage Testing/Transfusion Medicine			
Transfusion Medicine - Automated (JATXM)			
Transfusion Medicine - Comprehensive (JXM)			
Red Blood Cell Antigen Typing-Automated (ARCT)			
Weak RHD Genotyping (WRHG)			
Transfusion Medicine, Viral Markers, and Parentage Testing/Viral Markers			
Nucleic Acid Testing, Babesia (NAT1)			

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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 resources (for a given laboratory section or entire laboratory testing menu), please contact internationalteam@cap.org.

Online Education Programs	Quantity	Unit Price (USD)	Total Price (Qty x Unit Price)
Competency Assessment Hub With Optional Safety & Compliance Courses			
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.			
CAP QMED Online Education (One-year license)			
Change Management (QMEDCHNG)			
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 11 QMED courses for a 25% discount.			

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Publications and Reference Guides	Quantity	Unit Price (USD)	Total Price (Qty x Unit Price)
Benchtop Reference Guides			
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 (HBRG2)			
Mycology Benchtop Reference Guide (MBRG)			
Parasitology Benchtop Reference Guide (PBRG)			
Semen Analysis Benchtop Reference Guide (SABRG)			
Urinalysis Benchtop Reference Guide (UABRG)			
CAP Publications			
CAP Practical Guide to Gynecologic Cytopathology, 2nd Edition (PUB134)			
Quality Management in Clinical Laboratories, 2nd Edition (PUB319)			
Whole Blood Viscoelastic Assays in Clinical Diagnosis: An Illustrated Case-based Guide (PUB231)			
Color Atlas of Flow Cytometry (PUB230)			
Color Atlas of Hematology Vol. 2 (Bone Marrow), 2nd Edition (PUB229)			
Disruptive Technologies (PUB318)			
For more publication information, visit cap.org and click Publications .			

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

[illegible]



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[illegible]

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

*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.

Page Total **\$**

Subtotal from prior page(s) \$

Estimated Sales Tax* **\$**

Shipping Charges** \$

Order Total \$