



CAP Number

Grid for CAP Number

2017 Gynecologic Cytology Proficiency Testing Order Details

- Use this page to select your testing dates and register proctors. See the CAP 2017 Catalog, PAP pages and PAP Shipping and Pricing for details.

Testing Dates

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

You must indicate three testing sessions for your 2017 cytology proficiency testing. New proctors should be added to this form.

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

Table with 3 columns: First Choice Session (Fill one.), Second Choice Session (Fill one.), and Third Choice Session (Fill one.). Each column lists dates from Feb 6 to Aug 21 with radio button options.

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 annually, and perform the duties of the proficiency testing proctor.

Four numbered sections for proctor information. Each section includes fields for gender (Mr., Ms., Mrs., Dr.), name (First/Given Name, Last/Family Name), specialty (CT, MD, MT, Other), and email. Each section also includes a signature line.

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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2017 Laboratory Improvement Programs Order Form

To order these new programs, specify the quantity.

New Program Description	Quantity	Unit Price	Extended Amount	New Program Description	Quantity	Unit Price	Extended Amount
Quality Management Tools				Endocrinology			
Utilization of Red Blood Cell Transfusions (QP171)	<input type="text"/>	_____	_____	Human Epididymis Protein 4 (HE4) (HUEP)	<input type="text"/>	_____	_____
Workflow Process Mapping (QP172)	<input type="text"/>	_____	_____	Toxicology			
Phlebotomy Staffing Ratios (QP173)	<input type="text"/>	_____	_____	Nicotine and Tobacco Alkaloids (NTA)	<input type="text"/>	_____	_____
Preanalytic Errors Competency Assessment (QP174)	<input type="text"/>	_____	_____	Instrument Validation Tools			
Quality Cross Check				HCV Viral Load Calibration Verification/Linearity (LN45)	<input type="text"/>	_____	_____
Quality Cross Check-Whole Blood Glucose (WBGQ)	<input type="text"/>	_____	_____	Coagulation			
Quality Cross Check-Parathyroid Hormone (PTHQ)	<input type="text"/>	_____	_____	Drug-Specific Platelet Aggregation Double Volume (PIAX)	<input type="text"/>	_____	_____
Quality Cross Check-Body Fluid (FLDQ)	<input type="text"/>	_____	_____	Heparin-Induced Thrombocytopenia Whole Blood designed specifically for the Akers Biosciences PIFA Plus PF4™ Rapid Assay (CGS8)	<input type="text"/>	_____	_____
Quality Cross Check-Hemoglobin A _{1c} (GHQ)	<input type="text"/>	_____	_____	Microbiology			
Quality Cross Check-Urinalysis (CMQ)	<input type="text"/>	_____	_____	Cryptococcal Antigen Detection (CRYP)	<input type="text"/>	_____	_____
Quality Cross Check-Occult Blood (OCBQ)	<input type="text"/>	_____	_____	Meningitis/Encephalitis Panel (IDME)	<input type="text"/>	_____	_____
Quality Cross Check-Coagulation (CGLQ)	<input type="text"/>	_____	_____	Genetics and Molecular Pathology			
Quality Cross Check-Activated Clotting Time (CTQ)	<input type="text"/>	_____	_____	CAP/ACMG Cytogenomic Microarray Analysis Oncology (CYCMA)	<input type="text"/>	_____	_____
Quality Cross Check-Activated Clotting Time (CT1Q)	<input type="text"/>	_____	_____	Pharmacogenetics (PGX3)	<input type="text"/>	_____	_____
Quality Cross Check-Activated Clotting Time (CT2Q)	<input type="text"/>	_____	_____	Anatomic Pathology			
Quality Cross Check-Activated Clotting Time (CT3Q)	<input type="text"/>	_____	_____	BRAF V600E (BRAV)	<input type="text"/>	_____	_____
Quality Cross Check-Activated Clotting Time (CT5Q)	<input type="text"/>	_____	_____	Anaplastic Lymphoma Kinase IHC (PM6)	<input type="text"/>	_____	_____
				PDL1 (PDL1)	<input type="text"/>	_____	_____

Please allow 5 business days to process your renewal order.

Page Total \$ _____

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2017 Laboratory Improvement Programs Order Form

To order these new programs, specify the quantity.

New Program Description	Quantity	Unit Price	Extended Amount	New Program Description	Quantity	Unit Price	Extended Amount
Benchtop Reference Guides				CAP QMED Online Education (One-year license)			
Arthropod Benchtop Reference Guide (ABRG)	<input type="text"/>	_____	_____	15189 Walkthrough (ISOEDWT)	<input type="text"/>	_____	_____
Body Fluids Benchtop Reference Guide (BFBRG)	<input type="text"/>	_____	_____	QMS Implementation Roadmap (ISOEDRM)	<input type="text"/>	_____	_____
Gram Stain Benchtop Reference Guide (GSBRG)	<input type="text"/>	_____	_____	Root Cause Analysis (ISOEDRC)	<input type="text"/>	_____	_____
Hematology Benchtop Reference Guide (HBRG)	<input type="text"/>	_____	_____	Internal Auditing (ISOEDIA)	<input type="text"/>	_____	_____
Mycology Benchtop Reference Guide (MBRG)	<input type="text"/>	_____	_____	Document Control (ISOEDDC)	<input type="text"/>	_____	_____
Parasitology Benchtop Reference Guide (PBRG)	<input type="text"/>	_____	_____	Quality Manual Development (ISOEDQM)	<input type="text"/>	_____	_____
Urinalysis Benchtop Reference Guide (UABRG)	<input type="text"/>	_____	_____	Management Review (ISOEDMR)	<input type="text"/>	_____	_____
Competency Assessment Program with Safety & Compliance Courses				Mistake Proofing (ISOEDMP)			
Competency Assessment Program (CA0050)	<input type="text"/>	_____	_____	All 8 QMED Courses, 15% discount (ISOEDAL)	<input type="text"/>	_____	_____
Competency Assessment Program (CA0250)	<input type="text"/>	_____	_____	e-LAB Solutions Connect Service (for Domestic only)			
Competency Assessment Program (CA0050) with Safety & Compliance courses (XCA0050)	<input type="text"/>	_____	_____	e-LAB Solutions Connect Service (3572LM)	<input type="text"/>	_____	_____
Competency Assessment Program (CA0250) with Safety & Compliance courses (XCA0250)	<input type="text"/>	_____	_____	<small>Price per CAP number is a one time fee of \$895 inclusive of all CAP licensing, maintenance, and automated reporting fees.</small>			

Please allow 5 business days to process your renewal order.

Page Total \$ _____



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2017 Laboratory Improvement Programs Order Form

U 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"/>		

Please allow 5 business days to process your renewal order.

Thank You!

Page Total \$ _____

Subtotal from Prior Page(s) \$ _____

Estimated Sales Tax* \$ _____

Fuel Surcharge \$ _____

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 fees are the responsibility of the customer at the time of delivery.

