

cdm@cap.org | cap.org

CAP	Num	ber			

EMAIL TO: cdm@cap.org

2018 Laboratory Improvement Programs Order Form
Institution Name (Please Print)
Name of Laboratory (Please Print)
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 Ordering Contact - Order Questions
○ Mr. ○ Ms. PT Ordering Contact (First/Given Name) PT Ordering Contact (Last/Family Name) ○ MD ○ DO ○ PhD ○ Mrs. ○ Dr. ○ Other
PT Ordering Contact Email
Country Code PT Ordering Contact Phone Number Extension
Proficiency Testing Shipping Contact - Shipment Inquiries, Customs Clearance and Notifications
○ Mr. ○ Ms. Shipping Contact (First/Given Name) Shipping Contact (Last/Family Name) ○ MD ○ DO ○ PhD ○ Mrs. ○ Dr. Other
Shipping Contact Email
Country Code Shipping Contact Phone Number Extension







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at the time of delivery.

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O	Enter the appropriate program	n code and quantity to order. (Note: The CAP will apply app	ropriate S/H cl	narges.)	
	Program Code	Description	Quantity	Unit Price	Extended Amount
Plea	se allow 5 business days to proce	ss your renewal order.			
Th	ank You!	Pa	ge Total		
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		Fu	el Surcharge		
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