



COLLEGE of AMERICAN  
PATHOLOGISTS

325 Waukegan Rd.  
Northfield, IL 60093-2750 USA  
t: 847-832-7000 option 1  
(Country code: 001)  
f: 847-832-8168 (Country code: 001)  
cdm@cap.org | cap.org

CAP Number (if you have one)

新規のご施設は空欄で大丈夫です。

CLIA Number (if applicable)

Email completed form to: cdm@cap.org

見本

## 2022 Laboratory Improvement Programs Order Form for International Laboratories

Institution Name

CGI KK

施設名を英文で記入

Laboratory Name (Optional)

CGI Clinical Laboratory

ラボ名を英文で記入

Country Code

81

国番号

Laboratory Phone Number

355631367

0を除いた市外局番から記入

Extension

### Medical Director

Mr.     Ms.    Medical Director (First/Given Name)    Medical Director (Last/Family Name)    MD    DO    PhD  
 Mrs.    Dr.    Mark 検査室責任者ファーストネーム (名)    Colby    ラストネーム (姓)    Other \_\_\_\_\_

Medical Director Email

mcolby@cgikk.com

eメールアドレス

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.    Kazumi 発注担当ファーストネーム (名)    Ogawa    ラストネーム (姓)    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.    PT Shipping Contact (First/Given Name)    PT Shipping Contact (Last/Family Name)    MD    DO    PhD  
 Mrs.    Dr.    Kazumi サーベイ受領担当ファーストネーム (名)    Ogawa    ラストネーム (姓)    Other \_\_\_\_\_

Shipping Contact Email (Required)

Country Code

Shipping Contact Phone Number (Required)

Extension



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## 2022 Laboratory Improvement Programs Order Form for International Laboratories

### Laboratory's Physical Address

Street Address

住所

Kamiyacho Azabudai Bldg., 10F  
1-7-2 Azabudai

City

Minato-ku

State/Province

Tokyo

Postal Code (Required)

1060041

Country

Japan

### Proficiency Testing Shipping Address - Used for Shipping PT Kits. Cannot be a PO Box.

Please select the option below that applies to the location where your PT 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

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

City

State/Province

Postal Code (Required)

Country

### Proficiency Testing 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 Shipping Address, then please provide the information below.

**Same as Laboratory's Physical Address**

**Same as PT Shipping Address**

Department Name (If not provided above)

Street Address

City

State/Province

Postal Code (Required)

Country

