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CAP No. \_\_\_\_\_

Lab Name: \_\_\_\_\_

ATTN: \_\_\_\_\_

Department Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_

Country: \_\_\_\_\_

## 2010 PROFICIENCY TESTING RESULTS SUBMISSION FORM

### **To All Labs who participate in the CAP Laboratory Accreditation Program**

I hereby grant permission to the American Society for Histocompatibility and Immunogenetics (ASHI) to send proficiency testing results to the College of American Pathologists (CAP). I understand that this information may be submitted in a summary format as well as my individual scores.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Position: \_\_\_\_\_

Lab/Institution Name: \_\_\_\_\_

**If your lab is inspected by CAP ASHI must have an executed permission form on file with the correct CAP number or reporting will be unsuccessful. ASHI is not responsible for non-reporting of results due to an incorrect CAP number.**

The scores will be automatically transmitted to the  
CAP Laboratory Accreditation Program.  
Please return this executed form to Cecilia Blair at ASHI,  
15000 Commerce Parkway, Suite C, Mt. Laurel, NJ 08054, or Fax 856-439-0525