

## LABORATORIES ACCREDITED FOR TRAINING ANNUAL AUDIT

|                        |                |
|------------------------|----------------|
| <b>Lab Name:</b>       | <b>Lab ID:</b> |
| <b>Contact Person:</b> | <b>Phone:</b>  |
| <b>Email:</b>          | <b>Fax:</b>    |

### DISCIPLINE

|  |  |   |
|--|--|---|
| Anatomical <input type="checkbox"/>      | Microbiology <input type="checkbox"/>              | General <input type="checkbox"/>                        |
| Chemical <input type="checkbox"/>        | General – Anatomical <input type="checkbox"/>      | Genetics – Biochemical <input type="checkbox"/>         |
| Forensic <input type="checkbox"/>        | General – Chemical <input type="checkbox"/>        | Genetics – Medical Genomics <input type="checkbox"/>    |
| Haematology <input type="checkbox"/>     | General – Haematology <input type="checkbox"/>     | Oral & Maxillofacial Pathology <input type="checkbox"/> |
| Immunopathology <input type="checkbox"/> | General – Immunopathology <input type="checkbox"/> | Forensic Odontology <input type="checkbox"/>            |

### PLEASE INDICATE CHANGES IN:

|  | Yes                      | No                       | Please comment on the impact on training |
|--|--------------------------|--------------------------|--|
| <b><i>Supervision Arrangements</i></b>       | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <b><i>Involvement in Formal Rotation</i></b> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <b><i>Corporate/Management Structure</i></b> | <input type="checkbox"/> | <input type="checkbox"/> |  |

**PLEASE LIST NAMES OF SUPERVISORS AND DATES OF MOST RECENT TRAINING:**

| Supervisor | Qualification | Date of most recent supervisor training |
|------------|---------------|---|
|            |               |   |
|            |               |   |
|            |               |   |
|            |               |   |
|            |               |   |
|            |               |   |
|            |               |   |

**HAS YOUR LABORATORY HAD SIGNIFICANT CHANGES IN THE FOLLOWING:**

|  | Increase                 | Decrease                 | No Change                | If changes, please explain impact on training |
|--|--------------------------|--------------------------|--------------------------|---|
| Number of Trainees<br><i>Please specify Faculty Trainees</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| Number of Consultants  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| Number of Laboratory Scientists                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| Number of Specimens Processed                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| Range of Activity  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| Library/Research Resources                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| Educational Programs   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |

| <b><u>Anatomical Pathology ONLY</u></b> | <b>Increase</b>          | <b>Decrease</b>          | <b>No Change</b>         | <b>If changes, please explain impact on training (or attach details)</b> |
|---|--------------------------|--------------------------|--------------------------|--|
| Surgical Pathology Reports              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Frozen Sections                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Diagnostic Cytology                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Autopsies                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |

**Date:** \_\_\_\_\_

Please email this form to [labaudit@rcpa.edu.au](mailto:labaudit@rcpa.edu.au) OR fax to +61 2 8356 5828