

Confirmation of Attendance at Laboratory Sessions

Please complete this form and return it to:-
BSCCP,
Birmingham Women's Hospital
Edgbaston, Birmingham B15 2TG

This section to be completed by the Trainee

Surname: Title.....
First Name:
Contact Address:
.....Post Code.....
Telephone Number:E-mail address:
Hospital/Institution:
Trainee Number:

I (*name of Cytopathology Supervisor*)
(*print name*)

certify that [*name of trainee*] has attended and completed the required session(s) in the Cytopathology Laboratory, as defined by the BSCCP Training Programme requirements.

Signature of Cytopathology Supervisor:.....

Date

I (*name of Histopathology Supervisor*)
(*print name*)

certify that [*name of trainee*] has attended and completed the required session(s) in the Histopathology Laboratory, as defined by the BSCCP Training Programme requirements.

Signature of Histopathology Supervisor:.....

Date: