

INDIAN ACADEMY OF CYTOLOGISTS
APPLICATION FOR ACCREDITATION OF CYTOLOGY LABORATORIES IN THE
COUNTRY

(Certification would be valid for 3 years. Further continuation of accreditation and recognition would depend on revisitation or assessment of progress report submitted by the laboratory to the A & E Committee)

Indicate :

Accreditation for diagnostic services only. []

Accreditation for both diagnostic services as well as examination and training purposes.
[]

NAME OF LABORATORY :

OFFICER IN CHARGE :

(Name, qualification, designation and address)

(e-mail, telephone, cell phone No.)

Any kind of change should be intimated in writing to the Chairman A & E Committee

1. STATUS OF CYTOLOGY LABORATORY

- i) Independent Department []
- ii) Division or part of Department of Pathology []
- iii) Division or part of Department of Gynae. Obst. []
- iv) Otherwise (Specify) []

2. WORK / WORK LOAD

- A Nature of Work
 - Routine []
 - Research []
 - Training []

- B Work load :
Give the average of the number of Cases examined
for the last three years []
For comprehensive category
 - FNAC []
 - Gynaec []
 - Exfoliative []
(Non-Gynaec)
 - For Gynaecological cytology []
 - For Non-gynaecological cytology []

Give details on a separate sheet for the last three years. Mention nature, type of material, anatomical site, guided , non guided etc.

III. STAFF

A) Indicate the full time staff (their names, along with qualification and experience) employed in the division.

i) Pathologist / Cytopathologist

ii) Total technicians in the department
No. of Technicians posted exclusively in Cytology
Senior Lab. Technologist
Junior Lab. Technologist

Lab. Assistant (Posted in Cytology)
Lab. Attendant
Any other

B) Indicate the part - time staff (their names, alongwith qualifications and experience) employed in the division.

i) Pathologist / Cytopathologist

ii) Laboratory Technicians posted for cytology

With reference to items at 4, 5, 6 & 8 of the Accreditation Criteria, please indicate separately if it is possible to implement each of these fully, partially (give details) or not possible as follows :

IV) ADEQUACY :

Implement Yes No

Fully

Partially

Not possible

V) RESCREENING OF SPECIMENS AND DIAGNOSTIC VERIFICATION :

Yes No

(If yes - Give details of the methods)

VI) **FOLLOW UP**

Fully (Details)	[]
Partially (Details)	[]
Not possible	[]

VII) **SLIDE FILE** Mention No. of years

Fully (Details)	[]
Partially (Details)	[]
Not possible	[]

VIII) **EDUCATION**

- a) Indicate the CME / Workshop / Seminars in cytology arranged by your laboratory in the last 3 years.
- b) Indicate the CME / Workshop / Seminars in cytology where staff of your laboratory took part as faculty in the last 3 years.
- c) Indicate the CME/Workshop / Seminars in cytology attended by staff of your laboratory in the last 3 years. (By doctors & technical staff)
- d) Indicate the papers presented by staff of your laboratory in the annual conference of Indian Academy of Cytology or any other national or international meeting in the last 3 years. (By doctors & technical staff)
- e) Indicate cytology journals subscribed to by your library.
- f) Enumerate cytology books available in your library.
- g) Indicate the cytopathologists / cytotechnicians trained in your laboratory in the last 3 years.

Signature

Dated

Address

E-mail :

Tel.No./Cell No.

Note : Attach separate sheet wherever necessary.

Note :

1. This form duly filled in duplicate should be sent to Chairperson, Accreditation Committee, Indian Academy of Cytologists. The application form should be accompanied by a cheque for Rs. 600/- as fee drawn in favour of Hon. Treasurer, Indian Academy of Cytologists.
2. The laboratory applying for accreditation for diagnostic purpose may or may not fill column VIII. However, laboratories applying for an accreditation for examination and training must complete column VIII.
3. The laboratory would have to submit a progress report at the end of 3 years for consideration of reaccreditation. In absence of submission of progress report, the accreditation would need to be reconsidered.