

EQA SCHEME in GENERAL HISTOPATHOLOGY

Supported by the Faculty of Pathology, Royal College of Physicians of Ireland

MEMBERSHIP APPLICATION FORM

Name	
Postal address (correspondence)	
Hospital	
E-mail address	
Alternate e-mail address (if desired)	
Mobile phone number	
Subspecialty areas (if any) to be excluded from reporting repertoire*	1. 2. 3.
I wish to join the Irish EQA Scheme in General Histopathology and I accept the terms of membership as described in the Standard Operating Procedures of the Scheme: http://www.ieqas.ie/memberinformation/histopathologyeqa/	
Signature	
Date	

*Note that the subspecialty areas (if any) excluded MUST correspond to one (or more) of those listed in SOP4. Alternative designations MUST NOT be used.

Scan/email to histo@ieqas.ie or return by **post** to:

IEQAS
B06 Nutgrove Business Park
Rathfarnham
Dublin 14

Please contact IEQAS if there is any change to your email address, change hospital, you require an exemption or wish to leave the scheme.

<i>Office use only</i>		<i>PIN:</i>	
<i>Updated contact details</i>			
<i>Address</i>	<i>Phone</i>	<i>email</i>	<i>Date</i>