

**INDIAN ACADEMY OF CYTOLOGISTS  
ACCREDITATION FOR TRAINING AND EXAMINATION  
PROGRESS REPORT FORM**

**Report for the period from :** \_\_\_\_\_ **To** \_\_\_\_\_

1. Name of Laboratory
  
2. Name, qualifications, designation and address of Officer-in-Charge (e-mail, telephone & cell phone number)
  
3. Supporting staff (category-wise)
  - A) Indicate the full time staff (their names,) alongwith qualification & 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 qualification & experience) employed in the division.
    - i) Pathologist / Cytopathologist
    - ii) Laboratory Technicians posted for cytology
  
4. Status of laboratory
  - i) Independent Department [    ]
  - ii) Division or part of Department of Pathology [    ]
  - iii) Division or part of Department of Gynaec. Obst. [    ]
  - iv) Otherwise (Specify) [    ]
  
5.
  - a) Year since the laboratory is functioning.
  - b) Year since the laboratory is accredited by IAC

6. Previous progress report of last 3 years
  - Satisfactory
  - Unsatisfactory
  
7. Revisitation with date
  - Recommended
  - Not recommended
  - Does not apply
  
8. Any major deviation from initial visitation / revisitation ?
  - Yes
  - No

If 'yes' please specify (attach separate sheet)
  
9. Details of the work load in the laboratory for last three years
  - i) Exfoliative cytology
    - a) Number \_\_\_\_\_
    - b) Adequacy \_\_\_\_\_
  - ii) Fine Needle Aspiration Cytology
    - a) Number \_\_\_\_\_
    - b) Adequacy \_\_\_\_\_
  - iii) Cyto-Histo correlation (%)
  - iv) Negative smears examined for quality control (%)
  
10. Details of teaching and training programme held :
  - i) Workshops
  - ii) In-service training
    - a) Cytopathologist / Pathologist
    - b) Cytotechnologist
    - c) Cytotechnician
    - d) Research Fellow
    - e) Others (such as graduates / postgraduates)

11. Details of cytotechnicians / Cytotechnologists successful in National Examinations conducted by IAC
  
12. Any efforts are being made to follow up of positive cases ? If 'Yes' what percent of patients responded to the call ?

(Signature of the Head of the Laboratory with date)

Note : (Progress report to include number of cases screened in each category, i.e. nature of material (site-wise), corroborating follow-up of data specifically indicating the follow up rates and discrepancies, if any between clinical data, tissue sections and cytologic findings). Information could be usefully provided in tabulated form. Also indicate the continuing education programmes undertaken during the year, including any training imparted, in service, formal, workshops etc.