

**INDIAN ACADEMY OF CYTOLOGISTS  
ACCREDITATION FOR DIAGNOSTIC CYTOLOGY SERVICE  
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, along with 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, along with qualification & experience) employed in the division.
    - i) Pathologist / Cytopathologist
    - ii) Laboratory Technicians posted for cytology
4. Accreditation certification valid up to (Please indicate date)

5. Previous progress report - years

Satisfactory

Unsatisfactory

6. Revisitation with date

Recommended

Not recommended

Does not apply

7. Any major deviation from initial visitation/revisitation?

Yes

No

If 'yes' please specify (attach separate sheet)

(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.