

EQA SCHEME in GENERAL HISTOPATHOLOGY

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

MEMBERSHIP APPLICATION FORM

Name	
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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.

Return by **post** to:

IEQAS
B06 Nutgrove Business Park
Rathfarnham
Dublin 14

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