

**TATA MEMORIAL HOSPITAL  
DEPARTMENT OF CYTOPATHOLOGY**

**EXTERNAL QUALITY ASSURANCE SCHEME – DIAGNOSTIC CYTOPATHOLOGY**

**APPLICATION FOR MEMBERSHIP**

- **Name of the laboratory** :
- **Address** :
- **Pin Code** :
- **Institute GST Number** :
- **Institute HSN Code** :
  
- **Annual workload in Cytopathology** : *Exfoliative:*                      *FNAC:*
- **Staff Strength in Cytopathology** : *Pathologists:*                      *Cytotechnologists:*
- **Routine stains used for Cytopathology (Please √ whichever is applicable):**  
**Pap:**    **Giemsa:**    **H&E:**    **Special stains:**                      **Immunocytochemistry:**
- **Accreditation Status (For Diagnostic Cytology): Accredited / Not Accredited**
- **Accredited by:** (Please enclose a copy of the accreditation certificate)  
**NABL / IAC / CAP / Others (Specify \_\_\_\_\_)**
- **Contact person / Authorized signatories:**

Name	Designation	Experience in Cytopathology (in years)	Email	Mobile / Phone No:

- **Remarks:**
- **Signature:**
- **Date:**