



**Board of Registry**  
 33 W. Monroe St, Suite 1600  
 Chicago, IL 60603  
 (312) 541-4999

**CYTOMETRY (QCYM)  
 QUALIFICATION REFERENCE**

**PART I (To be completed by Applicant)**

Applicant's Name	Social Security Number
Address	E-mail Address
City	State
Zip	( )
Daytime Telephone Number	

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**PART II (To be completed by Employer)**

SUBJECT: Verification of Experience

This individual, identified above, has applied for Board of Registry Qualification in cytometry. In order to establish this applicant's eligibility the following information is necessary. This form must be completed and signed by the supervising Physician or Medical Scientist.

**I. Please complete**

EMPLOYMENT (Including on-the-job training)

Date employment started in Cytometry    Month\_\_\_\_\_Day\_\_\_\_\_Year\_\_\_\_\_

Date employment ended in Cytometry    Month\_\_\_\_\_Day\_\_\_\_\_Year\_\_\_\_\_

How many hours per week employed? \_\_\_\_\_ In Cytometry? \_\_\_\_\_

**II. Directions:** Please review the experience of this applicant to determine that he/she has performed cytometry procedures in each of the three areas. Check the areas in which experience is adequate. Check the subareas as appropriate.

- A. \_\_\_\_\_ Immunophenotyping and other applications with at least two of the following:
- \_\_\_\_\_ Immunodeficiencies (i.e. CD4, HIV)
  - \_\_\_\_\_ immunoproliferative disorders (non-neoplastic and neoplastic conditions)
  - \_\_\_\_\_ transplant
  - \_\_\_\_\_ DNA Ploidy Analysis
  - \_\_\_\_\_ Red Blood Cell Analysis (i.e. PNH, fetal hemoglobin)
  - \_\_\_\_\_ Progenitor cells
  - \_\_\_\_\_ other applications; please specify: \_\_\_\_\_

- B. \_\_\_\_\_ Cytometric Analysis: All of the following should have been performed by the applicant.
- \_\_\_\_\_ specimen processing
  - \_\_\_\_\_ instrument set-up
  - \_\_\_\_\_ specimen analysis
  - \_\_\_\_\_ data management
  - \_\_\_\_\_ interpretation of results

(over)

- C. \_\_\_\_\_ Quality Assurance: All of the following should have been performed by the applicant:
- \_\_\_\_\_ specimen collection, processing, storage
  - \_\_\_\_\_ reagent selection, preparation, storage, disposal
  - \_\_\_\_\_ assay selection, validation, documentation
  - \_\_\_\_\_ instrument operation and maintenance
  - \_\_\_\_\_ quality control and proficiency testing
  - \_\_\_\_\_ safety

III. I verify that this applicant has performed satisfactorily in the areas checked above. Yes \_\_\_\_ No \_\_\_\_  
If no, please explain below.

\_\_\_\_\_  
(Please Print) SUPERVISING PHYSICIAN'S OR MEDICAL SCIENTIST'S NAME TITLE TELEPHONE NUMBER

\_\_\_\_\_  
SUPERVISING PHYSICIAN'S OR MEDICAL SCIENTIST'S SIGNATURE DATE

\_\_\_\_\_  
INSTITUTION

\_\_\_\_\_  
CITY STATE ZIP CODE

**Be sure to include a letter of authenticity from your employer with this reference form. This letter of authenticity must be printed on original letterhead, state that the reference form was completed by your employer and include the date and your employer's signature.**