



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

IMMUNOHISTOCHEMISTRY (QIHC) QUALIFICATION REFERENCE

PART I (To be completed by Applicant)

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

PART II (To be completed by Employer)

SUBJECT: Verification of Experience for Qualification Eligibility

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

I. EMPLOYMENT (including on-the-job training)

Date employment started in Immunohistochemistry Month _____ Day _____ Year _____

Date employment ended in Immunohistochemistry Month _____ Day _____ Year _____

How many hours per week employed? _____ In Immunohistochemistry? _____

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

A. _____ Immunohistochemical and/or Immunofluorescence Preparations. All of the following should have been performed by the applicant.

- _____ staining technique
- _____ selection of proper control material
- _____ titration of immunologic reagents

B. _____ Immunophenotyping in at least one of the following applications.

- _____ immunodeficiencies
- _____ immunoproliferative disorders (neoplastic and non-neoplastic disorders)
- _____ transplantation biopsies
- _____ other immunophenotyping applications; please specify: _____

C. _____ The applicant should have participated in Quality Assurance activities related to all of the following:

- _____ specimen fixation, processing, microtomy
- _____ reagent selection, preparation, storage, disposal
- _____ method selection, validation, documentation
- _____ quality control
- _____ safety

(over)

III. I verify that this applicant has performed satisfactorily in the areas checked on this form.

Yes _____ No _____ If no, please explain below.

SUPERVISING PHYSICIAN'S/MEDICAL SCIENTIST'S NAME TITLE TELEPHONE NUMBER

SUPERVISING PHYSICIAN'S/MEDICAL SCIENTIST'S SIGNATURE DATE

INSTITUTION

CITY STATE ZIP

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.