



QUALIFICATION IN BIOREPOSITORY SCIENCE

EXPERIENCE DOCUMENTATION FORM (Routes 1 – 6)

PART I (TO BE COMPLETED BY APPLICANT)

_____ Applicant's Name	_____ ASCP Customer ID #
_____ Address	_____ Email Address
_____ City, State, Zip Code, Country	_____ Last Four Digits of Applicant's Social Security # (if any)

PART II (MUST BE COMPLETED AND SIGNED BY THE IMMEDIATE SUPERVISOR OR MANAGER* TO BE ACCEPTABLE.) SUBJECT: VERIFICATION OF EXPERIENCE FOR EXAMINATION ELIGIBILITY

This individual, identified above, has applied for the Board of Certification Qualification in Biorepository Science examination. In order to establish this applicant's eligibility for qualification, the following biorepository** experience information is necessary:

1. PLEASE COMPLETE: EXPERIENCE (INCLUDING ON-THE-JOB TRAINING)

Date biorepository experience **started**: Month _____ Day _____ Year _____

Date biorepository experience **ended**: Month _____ Day _____ Year _____

How many biorepository hours per week? _____

2. DIRECTIONS:

Please review the experience of this applicant. Place an **X** by each area in which this applicant has demonstrated proficiency under your supervision in a biorepository**. Individuals certifying proficiency should have personally observed or reviewed the applicant's work.

***For the purposes of the QBRS credential, specimens are procured only from humans or other animals. According to ISBER Best Practices (4th Edition), a biorepository is defined as a formally managed physical or virtual entity that may receive, process, store, and/or distribute specimens and/or samples and their associated data as appropriate in support of current or future use. All repositories should be planned, organized, and managed in accordance with applicable ethical and legal frameworks and comply with national/federal, regional, and local regulations.*

NOTE: Experience is required in at least **4** of the 9 areas listed below:

- | | |
|---------------------------------------|---|
| _____ Subject Consent | _____ Sample/Data Quality Control |
| _____ Specimen/Data Collection | _____ Equipment Quality Control (e.g., maintenance, validation, and calibration) |
| _____ Specimen/Data De-identification | _____ Enhanced Technical Areas (e.g., histology, tissue microarray, slide imaging, microdissection, viable cell isolation, nucleic acid/protein extraction) |
| _____ Specimen/Data Processing | |
| _____ Sample/Data Storage | |
| _____ Sample/Data Distribution | |

BY SIGNING THIS FORM, I AS THE IMMEDIATE BIOREPOSITORY SUPERVISOR OR MANAGER,* VERIFY THAT THIS APPLICANT HAS PERFORMED SATISFACTORILY IN THE BIOREPOSITORY AREAS CHECKED ON THIS FORM.

_____ (Please Print) Immediate Biorepository Supervisor or Manager's* Name & Credential(s)	_____ Title
_____ Immediate Biorepository Supervisor or Manager's* Signature	_____ Date
_____ Telephone Number	_____ Email Address
_____ Facility / Institution	
_____ City, State	_____ Zip Code
_____ Country	

BE SURE TO INCLUDE A LETTER OF AUTHENTICITY FROM YOUR IMMEDIATE SUPERVISOR OR MANAGER* WITH THIS EXPERIENCE DOCUMENTATION FORM. THE LETTER OF AUTHENTICITY MUST BE PRINTED ON ORIGINAL LETTERHEAD AND STATE THAT THE EXPERIENCE DOCUMENTATION FORM WAS COMPLETED, SIGNED AND DATED BY YOUR IMMEDIATE SUPERVISOR OR MANAGER.*

***Manager is defined as someone in a managerial or supervisory capacity, regardless of title, who can verify technical experience.**

See www.ascp.org/boc/qualification-documentation for submission instructions.