

DATE: _____

DERMATOPATHOLOGY PROFICIENCY TESTING

LAB PROCEDURE	REFERENCE #	DIAGNOSIS	DIAGNOSIS DLCS
HISTOPATHOLOGY READ OUT			
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HISTOPATHOLOGY READ OUT			

Ref. Physician Signature DLCS Physician Signature

PROTOCOL FOR PROFICIENCY TESTING

1. DLCS will provide a proficiency testing (PT) form to the referring physician. The form can be copied onto practice letterhead.
2. The referring physician selects their own 10 slides for read-out and records the diagnoses in the first **DIAGNOSIS** column on the PT form. The PT form should be signed and dated by the referring physician. The slides and PT form are then submitted to DLCS for read-out. The PT program is available to DLCS contributors for \$100.00.
3. A pathologist will review the 10 slides and record their diagnoses in the **DIAGNOSIS DLCS** column, including any comments, and sign the form.
4. All slides and the completed PT form will be returned to the referring physician.
5. It is suggested that proficiency testing be performed biannually.