

**Laboratory Approval Update Request Form**

The IBMS needs to ensure it maintains an accurate database of laboratories approved for training, including all associated training staff.

**Please complete this form for each department.**

**Any training staff currently listed against the department, but not included on this form will be removed.**

Please send the completed form to educationsupport@ibms.org

**Section One - Organisation/Department Details:**

This section must be completed

Example department: Microbiology, haematology etc.

If one department is on multiple sites, please detail below. (Additional tables may need to be created).

|  |  |
| --- | --- |
| Department |       |
| Organisation/Trust Name |       |
| Hospital Name |       |
| Hospital Address |       |

**Section Two - Laboratory Manager Details:**

Please complete if you wish to update the laboratory manager details. If no changes are required, please leave blank.

(Additional tables may be created if you have more than one manager for the department)

|  |  |
| --- | --- |
| Name |       |
| IBMS Number (if applicable) |       | HCPC Number |       |
| Email Address |       |
| Telephone Number |       |

**Section Three - Training Manager/Co-ordinator:**

Please complete if you wish to update the training manager details. If no changes are required, please leave blank.

(Additional tables may be created if you have more than one training manager/co-ordinator for the department)

|  |  |
| --- | --- |
| Name |       |
| IBMS Number (if applicable) |       | HCPC Number |       |
| Email Address  |       | Telephone No. |       |

**Section Four - Training Officer Details**

Please complete if you wish to update the training officer details. If no changes are required, please leave blank.

(Additional tables may be created if you have more than one training officer for the department)

|  |  |
| --- | --- |
| Name |       |
| IBMS Number (if applicable) |       | HCPC Number |       |
| Email Address |       |
| Telephone Number |       |
| Discipline background |       |

|  |  |
| --- | --- |
| Name |       |
| IBMS Number (if applicable) |       | HCPC Number |       |
| Email Address |       |
| Telephone Number |       |
| Discipline background |       |

**Section Five - Declaration:**

This section must be completed.

|  |
| --- |
| I confirm the details provided within this document are accurate. |
| Signed:       | Print Name:       |
| Job Title:       | Date:       |

In providing IBMS with the information requested you are consenting to its use as indicated in the IBMS Privacy Notice. Further information can be found on the IBMS website at <https://www.ibms.org/privacy/>