

**THE MALTA COLLEGE OF PATHOLOGISTS**

**TRAINEE'S RECORD OF TRAINING and EXPERIENCE in  
HISTOPATHOLOGY**

**NAME:** \_\_\_\_\_

**YEAR of TRAINING (Please circle)** **1, 2, 3, 4, 5, 5+**

**TRAINING PERIOD:** \_\_\_\_\_ to \_\_\_\_\_

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**TRAINING**

**Experience gained:**

*Surgical Pathology:* (give approximate numbers)

Cut ups \_\_\_\_\_

Surgical cases – supervised \_\_\_\_\_

Frozen sections attended \_\_\_\_\_

*Cytopathology:* (number of cases seen) \_\_\_\_\_

Gynaecological \_\_\_\_\_

Non-gynaecological \_\_\_\_\_

*Paediatric Pathology:*

Surgical cases \_\_\_\_\_

Autopsies \_\_\_\_\_

*Neuropathology:*

Surgical cases \_\_\_\_\_

Brain cuts \_\_\_\_\_

Autopsies \_\_\_\_\_

*Autopsies:*

Hospital \_\_\_\_\_

Forensic \_\_\_\_\_

*Other diagnostic specialist areas:* (please detail)

**ADDITIONAL EXPERIENCE**

**Teaching:**

**Quality Activities:**

**Administrative responsibilities:**

**Meetings / Courses attended:**

**Name and Signature of Trainee**

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**Date**

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**Name and Signature of Trainer**

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**Date**

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