

NATIONAL OPHTHALMIC PATHOLOGY EQA SCHEME

ACCEPTANCE OF TERMS OF MEMBERSHIP

Name:

Postal address:

Telephone number:

e-mail address:

I wish to join the National Ophthalmic Pathology EQA Scheme and I accept the terms of membership described in the General Description (document EQA E1.1) and in the detailed Standard Operating Procedures

Signature.....

Date.....

Return by post or email to:

**National Ophthalmic Pathology EQA Scheme Secretary
Department of Histopathology, 1st Floor, CSB1
Central Manchester University Hospitals
Oxford Road
Manchester
M13 9WL**

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