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**APPLICATION FORM**

**BeSHG RECOGNITION CERTIFICATE**

**MEDICAL GENETIC LABORATORY SUPERVISOR/EXPERT**

Please indicate for which recognition you apply:

0 laboratory supervisor

0 laboratory expert

**1- PERSONAL DATA**

- Name :

- Date of Birth

- Address :

- Phone :

- e-mail :

**2- QUALIFICATIONS**

|  |  |  |
| --- | --- | --- |
| Obtained Diploma | Date of issue | University |
|  |  |  |
|  |  |  |
|  |  |  |  |

**3- EMPLOYMENT**

|  |  |
| --- | --- |
| Name of Institution : |  |
| Function : |  |
| Number of years experience in this position : |  |
| Previous relevant experience (if less than 4 years in this position) : |  |
| % FTE involved in genetic diagnostics in past 4 years |  |

**4- TRAINING PROGRAM**

|  |  |
| --- | --- |
| Track: |  |
| Name Promotor:* Name of institution promotor\*:
* Function promotor:
* Date of issuing BeSHG laboratory recognition certificate promotor:
 |  |
|  |
|  |
|  |

\*If different from institute applicant provide motivation and evidence of supervision

**5- PRACTICAL EXPERIENCE WITHIN A MEDICAL GENETIC CENTRE**

a) Number of tests processed from sample preparation to reporting (complete handling):

|  |  |
| --- | --- |
| CYTOGENETICS | MOLECULAR BIOLOGY |
| Conventional Karyotyping |  | Sequencing |  |
| FISH / MLPA / QFPCR (specify) |  | MLPA |  |
| Microarray (CGH) |  | Southern Blot |  |
|  |  | qPCR |  |
|  |  | Mutation screening (specify technique) |  |
|  |  |  |  |  |
| TOTAL |  | TOTAL |  |  |

b) Number of tests reported/supervised

|  |  |
| --- | --- |
| CYTOGENETICS | MOLECULAR BIOLOGY |
| Conventional Karyotyping |  | Sequence Analysis |  |
| FISH / MLPA / QFPCR |  | Fragment Analysis |  |
| Microarray (CGH) |  | Deletion/Duplication Analysis |  |
|  |  | NGS |  |
| TOTAL |  | TOTAL |  |  |
|  |  |  |  |  |

**6- DETAILS OF EXPERIENCE FROM MINOR TRACKS (if applicable)**

|  |  |
| --- | --- |
| Host laboratory: |  |
| Summary of techniques observed |  |
| Declaration of Host laboratory  |  |

**7- RELEVANT LABORATORY EXPERIENCE OBTAINED DURING PhD PROGRAM (if applicable)**

**8- DOCUMENTS TO PROVIDE:**

|  |  |
| --- | --- |
| Signed statement from laboratory head or Head of department confirming employment history |  |
| Signed statement from the laboratory or institutional quality manager confirming active participation in a quality system |  |
| Documentation of attendance to Laboratory Biohazard seminars or workshops |  |
| Photocopy of University certificates and diplomas |  |
| Photocopy of BeSHG course certificate |  |
| Photocopy of internal accreditation training documents detailing both technical training and reporting of medical results |  |