

وحدة التدريب الإكلينيكي والإمتهان

Internship Evaluation Form
Clinical Laboratory Sciences Program

Hospital Name:

Intern Name:

Intern ID:

Training Start Date/...../..... End Date/...../.....

The following evaluation should be completed by the supervisor in the department:

Month	Department	Period	Attendance 20	Appearance 10	Performance 40	Cooperation 15	Communication 15	Total 100
1	Hematology							
2	Clinical Chemistry							
3	Microbiology							
4	Histopathology							
5	Immunology and Serology							
6	Reception, Phlebotomy and Blood Bank							

According to the basic assessment and continuous evaluation in the department of laboratory at the hospital, the above-mentioned trainee has successfully completed the requirements for the internship in the above-mentioned departments.

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Head of Laboratory Department

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Hospital Director

تعليمنا يحقق الرؤية