



LETTER OF ACCEPTANCE

2 weeks/60 hrs of pathology practice

Name of the student:

Period of practice:

Number of weeks:

Name of the hospital/clinic:

Address of the hospital/clinic:

Medical school/university the hospital is affiliated with:

.....

Contact person :

Phone number:

E-mail address:

The above-named 6th year student is accepted to perform his/her compulsory practice at our institution for the period mentioned above. He/She is entitled to complete the tasks listed on page 2 of this form.

Date:

Signature:

Stamp



PATHOLOGY PRACTICE

TASKS

- 1.** Learning about the role of the pathologist and pathology in patient care
- 2.** Participation in autopsies and subsequent referrals
- 3.** Participation in the initiation of surgical materials
- 4.** Laboratory practice 1. (Preparation of routine histological sections, routine and special staining)
- 5.** Laboratory practice 2. (Immunohistochemical reactions)
- 6.** Laboratory practice 3. (Molecular laboratory - FISH, NGS)
- 7.** Electron microscopy
- 8.** Pathological findings in daily practice
- 9.** The oncology team from the pathologist's perspective
- 10.** The educational role of the pathologist, presentation of research opportunities