



**FORM 108**

**ANNUAL REPORT BY LABORATORIES APPROVED BY HPCSA PBMT FOR TRAINING IN MEDICAL TECHNOLOGY (TO BE SUBMITTED ON 31 JANUARY EACH YEAR)**

<b>LABORATORY DETAILS-</b> <i>Please submit any changes</i>		
LABORATORY NAME:		
ADDRESS:		
TEL.:	FAX:	EMAIL:
CONTACT PERSON/S:		

**STAFF COMPLEMENT-** *Please submit all changes using Form 108 - Appendix A*

**STUDENT PROFILE-**

1. Number of new and returning students / interns
  - (a) Students Medical Laboratory Scientists
  - (b) intern Medical Technologist
  - (c) students Medical Technicians
  - (d) students Laboratory Assistants
2. Students pass rates per level
3. Number of students repeating a level in the programme
4. Student registration with the HPCSA

**TEST PROCEDURES-** *provide details of any changes to testing performed by laboratory*

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**TRAINING PROGRAMME-** *provide details of any changes to the training programme*

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**DISASTER RECOVERY PLAN**

(Briefly highlight significant challenges, the impact of the disaster and measures implemented to control and overcome the impact)

- (a) Duration (indicate if on-going)
- (b) Training schedules and sites
- (c) Methods of training
- (d) Methods of assessments
- (e) Training categories and disciplines affected (i.e., all students, WIL trainees and interns)
- (f) Stakeholder engagement and communication (training facilities to include resolutions from engagements with their respective stakeholders)

**SUCSESSES:** *(Briefly highlight significant issues worthy of noting)*

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**CHALLENGES:** *(Briefly highlight significant issues worthy of noting e.g delay in students' intake)*

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Other pertinent matters worthy of reporting:

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Prepared by: ..... (Name) ..... (Job Title)

Signature: ..... Date:.....