Skin Audit

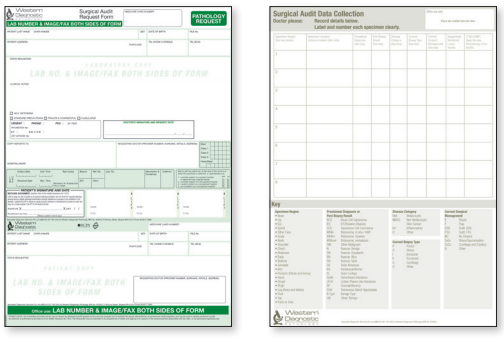
2020 - 2022 Triennium

The Western Diagnostic Pathology Skin Audit has been created for doctors who have an interest in skin and refer skin pathology to Western Diagnostic Pathology.

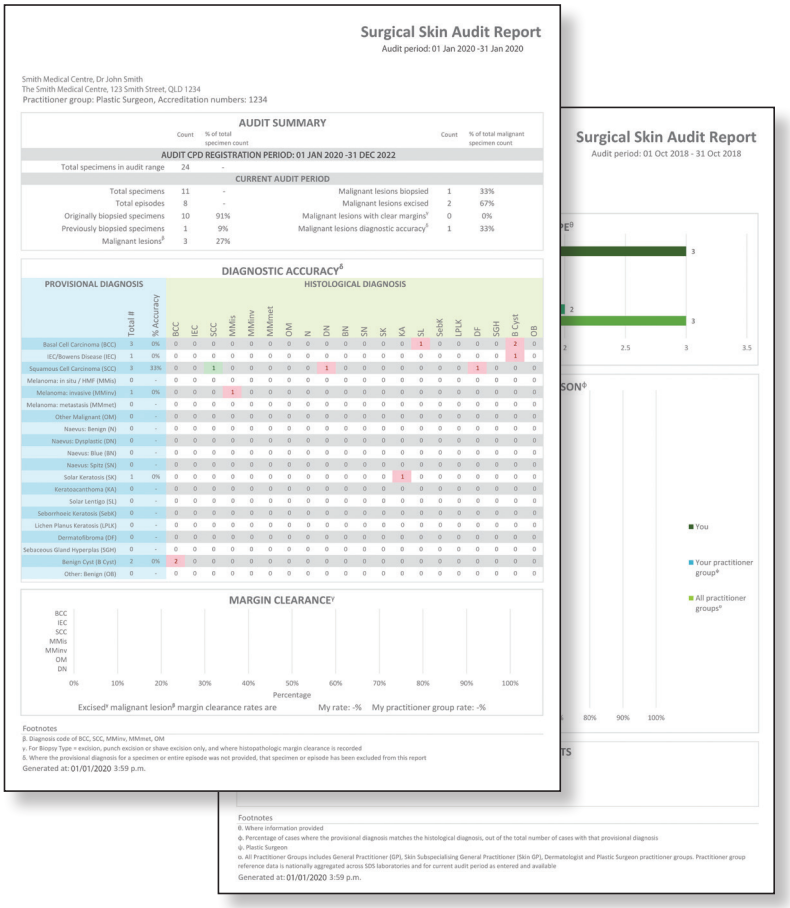
- ✓ **Improve and advance your clinical skills**
- ✓ **Assess and enhance your provisional diagnostic accuracy compared to histological findings**
- ✓ **Cumulative reporting to review your achievements**
- ✓ **Data collection made easy via specific Skin Audit request forms**
- ✓ **Audit reports sent regularly and directly to you**
- ✓ **RACGP CPD accredited activity***
- ✓ **ACRRM accredited activity***

By participating in the Western Diagnostic Pathology Skin Audit you will receive information on number of patients biopsied, number of lesions, provisional diagnoses compared with histological diagnoses and surgical clearance rate for select excised lesions.

Registered participants must submit specimens using the dedicated skin audit request forms. The reverse side of the form must also be completed in order for specimens to count toward your audit data.



Request Form - front and back



Sample Report

*RACGP and ACRRM approvals pending.

wdp.com.au

Western Diagnostic PATHOLOGY

Skin Audit Registration Form

2020 - 2022 Triennium

Please complete all sections below. Please note: Supplying your email address, and the name and registration number of your college, will allow us to allocate your education points.

DOCTOR INFORMATION

Title: _____ First Name: _____ Last Name: _____

WDP Dr. Code (if known): _____ Provider No.: _____

Name of College: _____ College Registration No.: _____ Mandatory

Practitioner Type
- ☐ General Practitioner
- ☐ Skin Cancer Practitioner
- ☐ Plastic / General Surgeon
- ☐ Dermatologist

Use of Dermoscopy:
- ☐ No
- ☐ Always
- ☐ Sometimes

Use of Sequential Digital Imaging:
- ☐ Yes
- ☐ No

PRACTICE DETAILS

Practice Name (Primary Location): _____

Practice Address (Primary Location): _____

Suburb: _____ State: _____ Postcode: _____

Phone: _____ Fax: _____ Mobile: _____

Email Address: _____ Required

Other practice locations to be included in this audit: _____

_____

_____

FREQUENCY OF REPORTS

☐ Half Yearly ☐ Yearly

I, Dr _____ *(print name)* confirm that I wish to receive a 'Skin Audit Report' of my pathology cases and I will contact Western Diagnostic Pathology if my contact details change or if I no longer want to receive the 'Skin Audit Report'.

Doctor's Signature _____ Date: _____

Scan and email, or fax completed registration form to **WDPSkinAudit@wdp.com.au.**
Confirmation of your registration will be emailed to you. Registered doctors will be provided Skin Audit Request Forms via your Medical Liaison Officer. If you do not receive your request forms within a week please contact your local laboratory. Both sides of the Skin Audit request form must be completed to ensure that all specimens are included in your audit data.

Specialist Diagnostic Services Pty Ltd (ABN 84 007 190 043) t/a Western Diagnostic Pathology PUB/MR/1352_Dec19