



المجلس العراقي للاختصاصات الطبية
مجلس علم الامراض
الكيمياء المرضية

SUPERVISED LEARNING EVENT
CHEMICAL PATHOLOGY
Case-based Discussion
(CbD)

Trainee's name:	
اسم الطالب	

Year of training:
Y1 Y2 Y3 Y4

Assessor's name:	
اسم المقيم	

Please circle one	Consultant	Senior Specialist
-------------------	------------	-------------------

Brief focus for assessment
Case Description (Supported by lab Investigations)

Trainee Comments

Supervisor Comments and Feedback

Signature of assessor:	
------------------------	--

Signature of trainee:	
-----------------------	--