

**National TB Reference Laboratory**

Code:CT001 F27	Version1.0	Effective date: 17-Feb-2021	Authorized by: Lab Manager
----------------	------------	--------------------------------	-------------------------------

**Retrieval of training records Sheet**

Name of participant:.....

Training course attended:.....

Training dates:.....

Participants contact details:.....  
(email or phone number)

Participant organisation:.....

State the information requested and purpose of request:

Signature/Date.....

**A. FOR OFFICIAL USE ONLY (TRAINING COORDINATOR)**

Information sent to the requester?

YES

NO

If no indicate the reason:.....

Comments.....  
.....

Records issued/released by:.....

Signature/Date.....