**All Wales Pathology Audit**

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| **Audit Title:**  |
| **Lead Auditor:**  | **Audit date(s):**  |
| Please indicate if **Local / Regional / National Audit:**  Wales RegionPlease indicate which hospital & location or region**ABMU Cwm Taf HB****BCUHB Aneurin Bevan HB****C&V UHB Hywel Dda HB** | **Report Author:**Name: Email:  |
| **Background:**  |
| **Aims of the Audit:**  |
| **Standards and criteria:** |
| **Audit Method:**  |

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| **Results** |
| **Audit Recommendations / Standards:** |
| **Acton Plan:** |
| **Please indicate to whom and when audit presented &/or circulated:** |
| **Audit recommendations / standards ratified by … and when:** |
| **Date of audit report:**  |
| **References:**  |

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| **AUDIT ACTION PLAN:**  |
| **Audit Recommendation** | **Objective** | **Action** | **Time scale** | **Barriers and Constraints** | **Outcome** | **Monitoring** |
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