**Allied Health Scope of Practice – Guideline**

**Comments Form**

Complete the below fields with the appropriate details

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| --- | --- | --- | --- |
| **Healthcare Operator** | Dr. XXX Clinic | | |
| **License Title** | Allied- Medical Laboratory Technologist | **Date** | DD / MM / 2019 |

Please specify the section and sub-section of the content you have comments about. All comments must be supported by reasoning and/or clinically related evidence to be reviewed. May add pages if needed.

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| **Section** | **Sub-Section** | **Comment** | **Reason/evidence** |
| 4.23 | 4.23.1 |  |  |
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Submit the completed form in Word format to [PLD@DHCR.GOV.AE](mailto:PLD@DHCR.GOV.AE) not later than **13th of April 2019**

Comments will be reviewed, but individual responses will not be provided.

All comments are subject to approval. Not all comments will be considered.