**Form Approved**

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**Laboratory Supervision Section**

***See the Glossary at the end of this questionnaire for abbreviations.***

1. **Please select the option which best describes your laboratory.**

* Non-profit hospital
* For-profit hospital
* City/County/State hospital
* University hospital/academic medical center
* Public health, non-hospital
* Veteran’s Administration hospital
* Department of Defense hospital
* Regional/local independent laboratory group practice
* National/corporate laboratory (owned by a national corporation)

1. **Which accrediting body inspects your laboratory?**

* College of American Pathologists
* The Joint Commission
* Centers for Medicare & Medicaid Services

1. **Please provide information on the laboratory’s cytology personnel for 2012.**

|  |  |
| --- | --- |
| **Personnel** | **Number of FTEs** |
| **Pathologists who practice gynecologic cytopathology** |  |
| **Pathologists who perform primary screening of GYN slides** |  |
| **Cytotechnologists** |  |
| **Cytotechnologists (Included in line above) who screen only gynecologic slides** |  |

1. **What were your laboratory’s cytology test volumes for 2012?**

|  |  |
| --- | --- |
| **Preparation type** | **Number of cases** |
| **Total** |  |
| **GYN ThinPrep®** |  |
| **GYN SurePath™** |  |
| **GYN Conventional** |  |
| **Non-GYN/FNA** |  |

1. **How many cases did your laboratory screen by computer-assisted screening in 2012?**

|  |  |
| --- | --- |
| **Method** | **Number of cases** |
| **Total** |  |
| **ThinPrep® Imaging** |  |
| **Focal Point™ GS Imaging System** |  |
| **GYN Focal Point™ Slide Profiler** |  |

1. **What per cent of your imaged assisted GYN cytology cases required Full Manual Review (FMR) in 2012?**

**\_\_\_\_\_\_\_\_\_**

1. **For workload recording, how does your laboratory count a GYN slide? Select all that apply.**

* Each slide screened for FOV is counted as one half (0.5) slide
* Each slide (either FOV or FMR) is counted as 1 slide
* Each slide that is screened for FOV and a FMR is performed, count as 1 slide
* Each slide that is screened for FOV and a FMR is performed, count as1.5 slides
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **For workload recording, how does your laboratory count a Non-GYN slide? Select all that apply.**
   * Each case counts as 1 slide
   * Each slide counts as 1 slide
   * Each slide prepared by Cytospin**®** counts as 1 slide
   * Each slide prepared by Cytospin**®** counts as 0.5 slide
   * Each slide prepared by automated methods (other than Cytospin**®**) counts as 1 slide
   * Each slide prepared by automated methods (other than Cytospin**®**) counts as 0.5 slide
   * Each cell block slide counts as 1 slide
   * Each cell block slide counts as 0.5 slide
   * Each smear counts as 1 slide
   * Each smear counts as 0.5 slide
   * Other \_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Does your laboratory have a written policy that defines when a FMR is required?**

* No written policy
* Yes, reasons listed in the policy include: (check all that apply)
  + Reactive cells seen in the FOVs
  + Abnormal cells seen in the FOVs
  + Patients with a history of being high risk
  + No endocervical component seen in the FOVs
  + Scant cellularity seen in the FOVs
  + Evidence of infection is seen in the FOVs
  + Discretion of CT, Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **If your laboratory includes a MINIMUM % of slides that a CT screens for FMR, how is the number determined?**
   * No minimum % for FMR
   * Equal the % of abnormal cases in our laboratory
   * Double the % of abnormal cases in our laboratory
   * Depends on the ability of the CT
   * Other \_\_\_\_\_

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1. **If your laboratory includes a MAXIMUM % of slides that a CT screens for FMR, on what is the number based?**

* No maximum percent for FMR
* Accuracy of CT interpretation
* Productivity of total cases interpreted
* Other \_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What percent of ASC-US cases also test positive for high risk HPV? \_\_\_\_\_\_\_\_\_\_**
2. **What percent of the NILM slides are rescreened for quality assessment? \_\_\_\_\_\_\_\_\_\_**

(Includes random 10% cases and patients that are high risk per laboratory defined criteria)

1. **What is the number of cases in each of the following interpretation categories that your laboratory reported in 2012?**

|  |  |  |
| --- | --- | --- |
| **INTERPRETATION** | **NUMBER of CASES** | **Number of cases with corresponding LSIL+ or (CIN2) biopsy within 6 months of Pap** |
| **Total unsatisfactory cases** |  |  |
| **Total number of NILM cases** |  |  |
| **PRIMARY SCREENING** |  |  |
| **Number of ASC-US cases** primary screening |  |  |
| **Number of ASC-H cases** primary screening |  |  |
| **Number of LSIL cases** primary screening |  |  |
| **Number of HSIL+ cases**  primary screening |  |  |
| **RESCREENING** |  |  |
| **Number of ASC-US cases** rescreening |  |  |
| **Number of ASC-H cases** rescreening |  |  |
| **Number of LSIL cases** rescreening |  |  |
| **Number of HSIL+ cases**  rescreening |  |  |

1. **Does your laboratory have a process that describes how the Technical Supervisor determines a CT’s individual workload maximum?**

* No
* Yes

1. **What criteria are used for INCREASING a CT’s workload maximum? Select all that apply.**

* CT consistently screens their workload maximum in less than 8 hours and CT states they are able or want to screen more than their maximum
* Technical Supervisor determines that the CT is qualified to screen more, including:
  + Rescreening of at least 10% of cases interpreted as NILM
  + Comparison of CT interpretation with technical supervisor’s confirmation
* Other **–** Describe your criteria \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **What criteria are used for DECREASING a CT’s workload maximum? Select all that apply.**

* CT consistently is unable to screen their workload maximum
* CT states they are unable to screen at their maximum
* Technical Supervisor determines that the CT should screen less
  + Review of at least 10% rescreen
  + Comparison of CT interpretation with technical supervisor’s confirmation
* Other **–** Describe your criteria: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Please provide the following information for each CT working in the laboratory.**

(Each letter should correspond to one CT who screens/interprets cytological preparations. If additional letters are required, use double or multiple letters: AA, BB, CC, etc.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Cytotechnologist Identifier Letter**  **(to be used by CTs for completing the CT Section)** | **What is the Technical Supervisor assigned maximum screening rate using the FDA standard for calculating slides?**  **\*(Please indicate if per 8 hour period or per hour.)** | **Has the CT’s workload maximum been altered in the last 2 years?** | **How many years has the CT been screening Pap tests?** |
| A |  |  |  |
| B |  |  |  |
| C |  |  |  |
| D |  |  |  |
| E |  |  |  |
| F |  |  |  |
| G |  |  |  |
| H |  |  |  |
| I |  |  |  |
| J |  |  |  |
| K |  |  |  |
| L |  |  |  |
| M |  |  |  |
| N |  |  |  |
| O |  |  |  |
| P |  |  |  |
| Q |  |  |  |
| R |  |  |  |
| S |  |  |  |
| T |  |  |  |
| U |  |  |  |
| V |  |  |  |
| X |  |  |  |
| Y |  |  |  |
| Z |  |  |  |

**Glossary**

**Abbreviation** **Definition\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

ASC-H Atypical squamous cells – cannot exclude HSIL

ASC-US Atypical squamous cells – of undetermined significance

CIN2 Cervical intraepithelial neoplasia

CT Cytotechnologist (includes SCTs)

Cytospin**®** Thermo Scientific - Shandon Cytospin**®** non-gyn thin layer centrifuge

FMR Full manual review

FN False negative interpretation

FNA Fine needle aspiration

FOV Field-of-view

FP False positive interpretation

GYN Gynecological cytology

HPV Human papilloma virus

HSIL High-grade squamous intraepithelial lesion

LSIL Low-grade squamous intraepithelial lesion

NILM Negative for Intraepithelial Lesion or Malignancy

Non-GYN Nongynecological cytology

TP True positive interpretation