**Form Approved**

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Public reporting burden of this collection of information is estimated to average **30** minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX). **Image-Assisted Cytology Workload Practices Survey**

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

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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