

Trainee Cervical Sample Taker 'Red Dot' Samples

(one to be completed and sent into the laboratory attached to request form)

Patient Name:

Supervised: **Unsupervised**

Cervix Present	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cervix Visualised	Yes <input type="checkbox"/>	No <input type="checkbox"/>
360° Sweep x 5	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Student Signature:

Trainee Cervical Sample Taker 'Red Dot' Samples

(one to be completed and sent into the laboratory with each request form)

Patient Name:

Supervised: **Unsupervised**

Cervix Present	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cervix Visualised	Yes <input type="checkbox"/>	No <input type="checkbox"/>
360° Sweep x 5	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Student Signature: