

RECORD OF PRACTICAL TRAINING
(one sheet should be completed for each sample taken)

Name of trainee: _____

Sample number: _____ Supervised Unsupervised

Date of sample: _____

Client details:

Name / code: _____ Age: _____

Date of last test: _____ Date of LMP: _____

Screening history:

Reason for this test

Routine call Opportunistic

Routine recall Follow up after treatment

Previous abnormal test

Previous inadequate test

Taking the sample

Cervix seen: **Yes / No** 360° sweep x 5 taken: **Yes / No**

Appearance of cervix: _____

Squamo-columnar junction seen: **Yes / No**

Any unusual vaginal discharge: _____

Comments:

Test Result:

Normal Abnormal Inadequate

Evidence of Transformation Zone Sampling: **Yes / No**

Follow up action: Routine recall Early recall

Colposcopy referral Other