

Log sheet for training of smear takers

no.	*Patient reference number (Do not use full ID Number)	Date	Reason for cervical smear -Routine (R) -Gynaecological symptoms (G) -Previous abnormal smear (A)	Smears - Conventional (C) - Liquid Base (L)	Supervision - Direct (D) - Indirect (I)	Result	Satisfactory for evaluation - Yes (Y) - No (N)	Plan of management /comments - Repeat smear (S) - Referred (R) - Case close (C)
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Name of Trainer: _____

Signature by Trainer: _____

* at least 50 consecutive patients within the training period

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