Log sheet for training of smear takers

*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)

* at least 50 consecutive patients within the training period