



Weekly Workload Assessment

Name: _____

| | | Monday | Tuesday | Wednesday | Thursday |
|------------------------|----------------------------|--------|---------|-----------|----------|
| Screening | # GYN Slides | | | | |
| | # GYN QC Slides | | | | |
| | # Non-GYN Slides | | | | |
| | # FNA Slides (ASP 2&3) | | | | |
| | # Wet films | | | | |
| | # CME Slides (ASCP/CAP/PT) | | | | |
| | # hrs resulting | | | | |
| | # hrs GYN Screened | | | | |
| # hrs Non-GYN Screened | | | | | |

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|-----|------------------|--|--|--|--|
| FNA | FNA Time (ASP 2) | | | | |
|-----|------------------|--|--|--|--|

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|----------|----------------------------------|--|--|--|--|
| Clerical | Filing/Phone/Hx's/Paperwrk, Etc. | | | | |
|----------|----------------------------------|--|--|--|--|

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|-----|------------------------------|--|--|--|--|
| CME | ASCP, CAP, PT Screening Time | | | | |
| | Tel/Slide conf., Etc. | | | | |

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|----------|--------------------------------|--|--|--|--|
| Cytoprep | Racking, Non-Gyn, Gyn OE, Etc. | | | | |
|----------|--------------------------------|--|--|--|--|

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|----------------------|------------------------|--|--|--|--|
| QC/Lab Reports (hrs) | NG Cyto/Histo corr | | | | |
| | Q-Tracks/Pending Cases | | | | |
| | QA verified cases | | | | |
| | Monthly GYN | | | | |
| | Monthly Non-GYN | | | | |
| | Other: | | | | |

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|----------------|--------|--|--|--|--|
| Off-time (hrs) | Breaks | | | | |
| | Lunch | | | | |
| | PTO | | | | |

| | | | | | |
|-------------|------------------|--|--|--|--|
| Other (hrs) | Other general | | | | |
| | Please describe: | | | | |

| | | | | |
|--------------------------------|------|------|------|------|
| GYN Slides: | 0 | 0 | 0 | 0 |
| QC Slides: | 0 | 0 | 0 | 0 |
| Non-GYN Slides: | 0 | 0 | 0 | 0 |
| FNA (ASP 2&3): | 0 | 0 | 0 | 0 |
| Wet Films: | 0 | 0 | 0 | 0 |
| ASCP/CAP Slides: | 0 | 0 | 0 | 0 |
| Total # Slides: | 0 | 0 | 0 | 0 |
| Slides Per Hour | | | | |
| GYN Screening Time: | 0.00 | 0.00 | 0.00 | 0.00 |
| Non-GYN Screening Time: | 0.00 | 0.00 | 0.00 | 0.00 |

| | | | | |
|----------------------------------|------|------|------|------|
| Total Screening Time: | 0.00 | 0.00 | 0.00 | 0.00 |
| Total Non-Screening Time: | 0.00 | 0.00 | 0.00 | 0.00 |
| Total CME Screening Time: | 0.00 | 0.00 | 0.00 | 0.00 |
| Total Hours Worked: | | | | |

Month of:

Friday Saturday Sunday

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