

UAB CYTOLOGY

CYTOTECHNOLOGIST WORKLOAD FORM

CYTOTECHNOLOGIST: _____ YEAR: _____ MONTH: _____

Maximum Workload is 100 sl / 24 hour period - Not to exceed 12.5 Slides/Hr.											Non UAB Screening									
DATE:	GYN			NON-GYN			QA/QC		DAILY TOTAL		HOURS		OTHER DUTIES <small>(please check)</small>					OUTSIDE WORK		
	22 FOV (cs & .5sl)	FMR (sl)	CONV / INS (cs & sl)	# CASES	CYS/ TP (.5 sl)	SMEAR (sl)	CS	SL	TOTAL CS	TOTAL SL	SCREEN	WORK	EDUCA- TION	STUDENT DUTIES	RESEARCH	MTG.	CON EDU.	# FNA	CS/SL	HRS
1st									0	0										
2nd									0	0										
3rd									0	0										
4th									0	0										
5th									0	0										
6th									0	0										
7th									0	0										
8th									0	0										
9th									0	0										
10th									0	0										
11th									0	0										
12th									0	0										
13th									0	0										
14th									0	0										
15th									0	0										
16th									0	0										
17th									0	0										
18th									0	0										
19th									0	0										
20th									0	0										
21st									0	0										
22nd									0	0										
23rd									0	0										
24th									0	0										
25th									0	0										
26th									0	0										
27th									0	0										
28th									0	0										
29th									0	0										
30th									0	0										
31st									0	0										
TOT:	0	0	0	0	0	0	0	0	0	0	0	0					0		0	

During this month the maximum 24 hr workload as established by the Cytology Technical Supervisor was not exceeded and if less than 8 hours were spent screening in a given day, the maximum average hourly rate in slides per hr (maximum 24 hr workload in slides/8 hr) was not exceeded (This statement applies to total slides screened and hours spent screening inclusive of both in-house and outside employment). If not, explain and document discussion with Cytotechnologist and any necessary corrective action on reverse side of this form. Please note that all 22 FOV slides and full manual review slides are counted separately to ensure compliance with federal regulations. The totals calculated on this form are independent of those calculated by Cerner, as Cerner does not designate differences between full manual review, 22 FOV slides and half slides.

CT SIGNATURE: _____ SUPERVISOR REVIEW: _____ TECHNICAL SUPERVISOR: _____

****PRIVILEGED AND CONFIDENTIAL (DO NOT COPY)****

FMR-Full Manual Review
FOV-Field of View
INS-Imaging Not Successful

QA-Quality Assurance
QC-Quality Control
CYS-Cytospin

CS-Case
SL-Slide
TP-Thin prep