THE HONG KONG COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

AND

THE HONG KONG SOCIETY FOR COLPOSCOPY AND CERVICAL PATHOLOGY

LOGBOOK

Training of Specialist Colposcopist

Period of training:

Name of Trainee:

Name of Trainer(s):

I certify that patients logged in this book were managed by the trainee and
the trainee has visited the cytohistology laboratories and attended the cyto-colpo-histology sessions logged in this book.

Name of Lead Clinician of Colposcopy Service: _____

Signature: _____ **Date:** _____

endorsed by Council on 9th January 2003

Summary

		Total number
No. of new cases under direct supervision	with high grade or above cervical neoplasia	
	with low grade or below cervical neoplasia	
	with non-cervical lesions	
No. of new cases under indirect or no supervision	with high grade or above cervical neoplasia	
	with low grade or below cervical neoplasia	
	with non-cervical lesions	
No. of treatment under LA	by LLETZ	
	Others -specify method:	
No. of treatment under GA	by LLETZ	
	Others -specify method:	
5 case commentaries – reference no.	Cytology diagnosis	Histology diagnosis

Cyto-colpo-histology session*	Date Venue	Date Venue	Date Venue	Date Venue
Visit to Laboratory*	Date Venue			

* evidence of attendence required

Name of candidate _____   Hospital /Clinic_____

Date	New or old case (N/O)	Patient reference number	Age	Indication for colposcopy	Colposcopic impression	Cervical biopsy result	Treatment type (√ if done by candidate)		Histology of specimen from treatment Eg.LLETZ	Supervision (D/I/N)*	Remark(s) if any Eg unsatisfactory examination, pregnant, other investigations, secondary treatment such as hysterectomy, complications

Trainer _____   _____
                                                 Signature
                                        _____

   *D-under direct supervision I-under indirect supervision N-no supervision is required

Name of candidate _____   Hospital /Clinic_____

Date	New or old case (N/O)	Patient reference number	Age	Indication for colposcopy	Colposcopic impression	Biopsy result	Treatment type (√ if done by candidate)		Histology of specimen from treatment eg excision	Supervision (D/I/N)*	Remark(s) if any Eg unsatisfactory examination, pregnant, other investigations, secondary treatment, complications

Trainer _____   _____
                                    Signature

   * D- under direct supervision I- under indirect supervision N-no supervision is required