

Study Site Survey

Q 1. Name of Laboratory:

Hospital:

Trust:

Q 2. Country / Region:

England (please specify region)

North West

North East,
Yorkshire and The
Humber

South Central

East of England

West Midlands

East Midlands

South West

South East

London

Scotland _____

Wales _____

Q 3. Postal Address of Laboratory:

Road

Town

County

Postal code

Q 4. Postal Address for deliveries if different from above:

Road

Town

County

Postal code

Q 5. Special instructions for deliveries if appropriate:

Q 6. Name and address of Lead Pathologist:

Name
Road
Town
County
Postal code
Email address
Tel no
Fax no

Q 7. Name, title and address of designated laboratory lead for study (Study Liaison Officer):

Name
Road
Town
County
Postal code
Email address
Tel no
Fax no

Q 8. To ensure the smooth running of the study, please provide the name and title of designated deputy for study (Deputy Study Liaison Officer):

Name
Road
Town
County
Postal code
Email address
Tel no
Fax no

Q 9. Type of LBC system used:

Cytec ThinPrep

SurePath

Both

Q 10. LBC training data

Approximate start date of training

Approximate date of completion of training

Cytology Training Centre responsible for delivery of training

Date of full conversion of laboratory to LBC

Q 11. Provide details of criteria currently used by your laboratory for assessing LBC sample adequacy including determinants of transformation zone sampling (quantative & qualitative):

Q 12. Does the laboratory have SOPs for the assessment?

Q 13. If yes please attach relevant documents including, for example, method for cell counting

Q 14. Please also attach KC61 data for 2006/07

Thank you for taking the time to complete this survey. Please return the completed form to the North West Quality Assurance Reference Centre at your earliest convenience. See over for full address.

Please note that the trial is not related to QA activity and that individual laboratories will not be identified