

*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: _____

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 attendance required

Colposcopy log sheet for cervical lesions

Page ___ of ___

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

Colposcopy log sheet for non-cervical lesions

Page ___ of ___

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