

National Society for Histotechnology Workload Assessment Survey Guide

This is meant to help you prepare for completing the online survey by showing you all questions before you begin.

1. **What is your job title?** *(please use drop-down menu)*

- Educator
- Industry Sales
- Industry Technical Representative
- Lab Assistant
- Lab Manager
- Pathologist
- Pathology Assistant
- Student
- Supervisor
- Technician/Scientist
- Trainee
- Other

2. **What is the name of your organization/company?** *(optional)* _____

3. **In which city/state is your lab located?** _____

A. Organization/Company

1. **Which of the following most closely describes your facility?**

- Hospital Private Independent Laboratory

1b. **What type of hospital?** *(check all that apply)*

- Proprietary
- Non Profit
- Stand Alone
- Part of larger network

1c. **Number of Beds:** _____

2. **Which anatomic pathology services are offered at your institution?** *(check all that apply)*

- | | |
|---|--|
| <input type="checkbox"/> Surgical Pathology | <input type="checkbox"/> Tissue Based PCR |
| <input type="checkbox"/> Veterinary Diagnostic Pathology | <input type="checkbox"/> Whole Slide Scanning |
| <input type="checkbox"/> Research Pathology | <input type="checkbox"/> Image Analysis |
| <input type="checkbox"/> Frozen Sections | <input type="checkbox"/> Laser Microdissection |
| <input type="checkbox"/> Autopsy | <input type="checkbox"/> Animal Model Characterization |
| <input type="checkbox"/> Necropsy | <input type="checkbox"/> Immunofluorescence |
| <input type="checkbox"/> Immunohistochemistry (IH) | <input type="checkbox"/> Confocal Microscopy |
| <input type="checkbox"/> Fluorescent In Situ Hybridization (FISH) | <input type="checkbox"/> Electron Microscopy |
| <input type="checkbox"/> Chromogenic In Situ Hybridization (CISH) | <input type="checkbox"/> Cell Blocks |
| <input type="checkbox"/> Other <i>(please specify)</i> _____ | |

3. **How many histology related laboratories are part of your organization/company?** _____

4. **What is your organization/company's annual volume of tissue blocks prepared?*** _____

5. **What is your organization/company's annual volume of tissue slides prepared?*** _____

**if known*

B. Your Lab

1. Which of the following most closely describes your lab?

- Hospital-University, Childrens', VA, Private
- Private, independent laboratory (reference labs etc.)
- Physician Office Lab (e.g., Dermatology, GI, Urology etc.)
- POL/Specialty Lab-single tissue type focus
- Other (please describe) _____

1b. Which type of POL/Specialty Lab?

- | | | |
|--|---|---|
| <input type="checkbox"/> Autopsy | <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Renal Pathology |
| <input type="checkbox"/> Bladder | <input type="checkbox"/> MOHS | <input type="checkbox"/> Routine Surgical |
| <input type="checkbox"/> Controls | <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Teaching slides |
| <input type="checkbox"/> Cytology (cell blocks) | <input type="checkbox"/> Oral Pathology | |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Prostate | |
| <input type="checkbox"/> Other (please describe) _____ | | |

2. How many full time personnel work in your lab with each of the following job functions? Leave blank if no staff perform a particular function.

Non-Registered HT/Histotechnologist..... _____
Registered HT/Histotechnologist..... _____
Laboratory Assistant _____
Laboratory Technician _____
Grossing Assistant..... _____
Manager..... _____
Pathologist..... _____
Pathologist's Assistant _____
Resident _____
Other _____
Total Staff [autosum]

Please indicate "other" job functions served by personnel

3. Which anatomic pathology services are offered at your institution? (select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Surgical Pathology | <input type="checkbox"/> Tissue Based PCR |
| <input type="checkbox"/> Veterinary Diagnostic Pathology | <input type="checkbox"/> Whole Slide Scanning |
| <input type="checkbox"/> Research Pathology | <input type="checkbox"/> Image Analysis |
| <input type="checkbox"/> Frozen Sections | <input type="checkbox"/> Laser Microdissection |
| <input type="checkbox"/> Autopsy | <input type="checkbox"/> Animal Model Characterization |
| <input type="checkbox"/> Necroscopy | <input type="checkbox"/> Immunofluorescence |
| <input type="checkbox"/> Immunohistochemistry (IHC) | <input type="checkbox"/> Confocal Microscopy |
| <input type="checkbox"/> Fluorescent In Situ Hybridization (FISH) | <input type="checkbox"/> Electron Microscopy |
| <input type="checkbox"/> Chromogenic In Situ Hybridization (CISH) | <input type="checkbox"/> Cell Blocks |
| <input type="checkbox"/> Other (please specify) _____ | |

C. Ancillary Duties

1. Who performs each of the following functions in your laboratory? (check all that apply)

*Including: kidney, DIF, muscle, nerve, EM, molecular, plastics

	Accessioning specimens	Frozen section cutting and staining	Special stains	IHC and ISH stains	Specialty testing*
<i>[display only staff indicated in B2]</i>					
Non-Registered HT/Histotechnologist.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registered HT/Histotechnologist.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Assistant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Technician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grossing Assistant.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisor/Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pathologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pathologist's Assistant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other staff.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Coverslip	Processor maintenance	H&E stain line maintenance	Reagent recycling	Slide distribution
Non-Registered HT/Histotechnologist.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registered HT/Histotechnologist.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Assistant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Technician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grossing Assistant.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisor/Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pathologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pathologist's Assistant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other staff.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Filing paraffin blocks	Filing glass slides	Cytology Prep	Specimen send out
Non-Registered HT/Histotechnologist.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registered HT/Histotechnologist.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Assistant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Technician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grossing Assistant.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisor/Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pathologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pathologist's Assistant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other staff.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Do you purchase commercially or "make in house" the following reagents? (check all that apply)

	Commercial	Made in-house
Hematoxylin.....	<input type="checkbox"/>	<input type="checkbox"/>
Differentiator/Acid alcohol/Clarifier.....	<input type="checkbox"/>	<input type="checkbox"/>
Bluing/Ammonia water.....	<input type="checkbox"/>	<input type="checkbox"/>
Eosin.....	<input type="checkbox"/>	<input type="checkbox"/>
Fixative.....	<input type="checkbox"/>	<input type="checkbox"/>
Special stains.....	<input type="checkbox"/>	<input type="checkbox"/>

D. Grossing

1. **Who performs grossing in your lab?** (check all that apply) *[display only staff identified in B2]*

- Non-Registered HT/Histotechnologist
- Registered HT/Histotechnologist
- Laboratory Assistant
- Laboratory Technician
- Grossing Assistant
- Supervisor/Manager
- Pathologist
- Pathologist's Assistant
- Resident
- Other (please describe) _____

2. **What are the average number of cassettes grossed per hour?** _____

3. **What are the average number of containers grossed per hour?**..... _____

E. Embedding

1. **Who performs embedding in your lab?** (check all that apply) *[display only staff identified in B2]*

- Non-Registered HT/Histotechnologist
- Registered HT/Histotechnologist
- Laboratory Assistant
- Laboratory Technician
- Grossing Assistant
- Supervisor/Manager
- Other (please specify) _____

2. **Does your lab use an automatic embedder?**

- No
- Yes: if yes, what is the average number of cassettes per hour in your lab? _____

3. **Does your lab perform manual embedding?**

- No
- Yes: if yes, what is the average number of cassettes per hour in your lab? _____

F. Microtomy in Your Lab

1. **Who performs microtomy in your lab?** (check all that apply) *[display only staff identified in B2]*

- Non-Registered HT/Histotechnologist
- Registered HT/Histotechnologist
- Laboratory Assistant
- Laboratory Technician
- Grossing Assistant
- Supervisor/Manager
- Other (please specify) _____

2. **What is the average number of blocks cut per hour in your lab?** _____

3. **What is the number of levels and slides per year for each specimen type?**

Number of levels/Number of slides

Routine Surgicals	_____	_____
Autopsy	_____	_____
Bone Marrow	_____	_____
Cytology (cell blocks)	_____	_____
Dermatology	_____	_____
Gastroenterology	_____	_____
Urology.....	_____	_____

4. **What proportion of overall slides cut are represented by each specimen type?** *[display items > 0 in F3]*

Routine Surgicals	_____ %
Autopsy	_____ %
Bone Marrow	_____ %
Cytology (cell blocks)	_____ %
Dermatology	_____ %
Gastroenterology	_____ %
Urology.....	_____ %

5. **How does your lab coverslip the slides?** (check one)

- Manual (hand labeled)
- Automated
- Both

6. **How do your lab label your slides?** (check one)

- Manual (hand labeled)
- Automated
- Both

Thank you for participating in the NSH Workload Assessment Survey.