



Location	Status Urgent <input type="checkbox"/> Preop <input type="checkbox"/> Routine <input type="checkbox"/>	CLINICAL HISTORY / REASON YES NO YES NO Pregnant <input type="checkbox"/> <input type="checkbox"/> XRT <input type="checkbox"/> <input type="checkbox"/> Postpartum <input type="checkbox"/> <input type="checkbox"/> Chemo <input type="checkbox"/> <input type="checkbox"/> BC Pills <input type="checkbox"/> <input type="checkbox"/> Cryo <input type="checkbox"/> <input type="checkbox"/> IUD <input type="checkbox"/> <input type="checkbox"/> Laser <input type="checkbox"/> <input type="checkbox"/> Postmenopause <input type="checkbox"/> <input type="checkbox"/> Leep <input type="checkbox"/> <input type="checkbox"/> Hormone RX <input type="checkbox"/> <input type="checkbox"/> Previously Significantly Abnormal <input type="checkbox"/> <input type="checkbox"/>	TEST DATE	MRN
ORD DR NAME & #			COLLECTION DATE/TIME	NAME
Resident:			COLLECTOR ID	DOB
PATIENT SHOULD BE: <input type="checkbox"/> FASTING <input type="checkbox"/> NOT FASTING			SEX <input type="checkbox"/> M <input type="checkbox"/> F	
Time & Date Collected:		LMP ____ / ____ / ____ Source: CIRCLE ONE	CASE #	
Pertinent Gyn History:		Endo-Exocervical Smear Exocervical Smear Endocervical Smear Vaginal Smear Vaginal Cuff Other _____	<input type="checkbox"/> PAP ThinPrep Routine Screen/Mcare Elect <input type="checkbox"/> PAP ThinPrep/Medicare, 2nd yr, V76.2 <input type="checkbox"/> PAP ThinPrep/Medicare, high risk V15.89 <input type="checkbox"/> PAP ThinPrep/Medicare, diagnostic	

DIAGNOSIS CODE IS REQUIRED FOR EACH TEST ORDERED: PRIMARY (P) _____ SECOND (2) _____ THIRD (3) _____

DO NOT WRITE BELOW THIS LINE - FOR LAB USE ONLY

SATISFACTORY WITH ENDOCERVICAL, NEGATIVE

SPECIMEN ADEQUACY:

- SATISFACTORY WITH ENDOCERVICAL/TRANSFORMATION ZONE COMPONENT PRESENT
- SATISFACTORY , BUT NO ENDOCERVICAL/TRANSFORMATION ZONE COMPONENT PRESENT
- UNSATISFACTORY, NON-DIAGNOSTIC MATERIAL RECOLLECT IF CLINICALLY INDICATED
 - SCANT CELLULARITY
 - POOR FIXATION / PRESERVATION
 - PARTIALLY / COMPLETELY OBSCURING INFLAMMATION
 - PARTIALLY / COMPLETELY OBSCURING BLOOD
 - EXCESSIVE CYTOLYSIS OR AUTOLYSIS
 - SCANTY SQUAMOUS EPITHELIUM

GENERAL CATEGORIZATION

- NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY (NIL)

ORGANISMS

- TRICHOMONAS VAGINALIS
- SUGGESTIVE OF TRICHOMONAS VAGINALIS
- FUNGAL ORGANISMS MORPHOLOGICALLY CONSISTENT WITH CANDIDA SP
- PREDOMINANCE OF COCCOBACILLI CONSISTENT WITH SHIFT IN VAGINAL FLORA
- CELLULAR CHANGES CONSISTENT WITH HERPES SIMPLEX VIRUS
- BACTERIA MORPHOLOGICALLY CONSISTENT WITH ACTINOMYCES SP

NON-NEOPLASTIC

- ATROPHY WITH INFLAMMATION ("ATROPHIC VAGINITIS")
- ATROPHY
- INFLAMMATION
- PARAKERATOSIS
- ANUCLEATED SQUAMOUS CELLS
- BENIGN APPEARING GLANDULAR CELLS STATUS POST HYSTERECTOMY
- ENDOMETRIAL CELLS PRESENT
- ENDOMETRIAL CELLS PRESENT OUT OF CYCLE
- ENDOMETRIAL CELLS PRESENT; NO CLINICAL HISTORY OF LMP GIVEN
- REACTIVE CELLULAR CHANGES (NOS)
- REACTIVE CELLULAR CHANGES ASSOCIATED WITH INFLAMMATION (TYPICAL REPAIR)
- REACTIVE CELLULAR CHANGES ASSOCIATED WITH RADIATION

- OTHER: SEE DESCRIPTIVE DIAG. ENDOMETRIAL CELLS IN A WOMAN ≥ 40 YEARS OF AGE

- EPITHELIAL CELL ABNORMALITY

SQUAMOUS CELL

- ATYPICAL SQUAMOUS CELL OF UNDETERMINED SIGNIFICANCE (ASC-US)
- ATYPICAL SQUAMOUS CELLS CANNOT EXCLUDE HSIL (ASC-H)
- LOW GRADE SQUAMOUS INTRAEPITHELIAL LESION (LSIL)
 - CELLULAR CHANGES SUGGESTIVE OF HPV
 - CELLULAR CHANGES ASSOCIATED WITH HPV
 - MILD DYSPLASIA (CIN 1)
- HIGH GRADE SQUAMOUS INTRAEPITHELIAL LESION (HSIL)
 - MODERATE DYSPLASIA (CIN 2)
 - SEVERE DYSPLASIA (CIN 3)
 - CARCINOMA-IN-SITU (CIS)
- SQUAMOUS CELL CARCINOMA

GLANDULAR CELL:

- ATYPICAL GLANDULAR CELLS (NOS)
- ATYPICAL ENDOCERVICAL CELLS
- ATYPICAL ENDOMETRIAL CELLS
- ATYPICAL GLANDULAR CELLS FAVOR NEOPLASTIC
- ENDOCERVICAL ADENOCARCINOMA - IN-SITU (AIS)
- MALIGNANT CELLS IDENTIFIED CONSISTENT WITH ADENOCARCINOMA (NOS)
- MALIGNANT CELLS IDENTIFIED CONSISTENT WITH ENDOCERVICAL ADENOCARCINOMA
- MALIGNANT CELLS IDENTIFIED CONSISTENT WITH ENDOMETRIAL ADENOCARCINOMA
- MALIGNANT CELLS IDENTIFIED EXTRAUTERINE ADENOCARCINOMA
- OTHER MALIGNANT NEOPLASMS
- SUSPICIOUS FOR MALIGNANCY
- SEE COMMENT

CYTOTECH: _____ RESIDENT: _____ PATHOLOGIST: _____ QC: _____

TIME / DATE RECEIVED _____

TIME / DATE REPORTED _____

COMMENTS

Physician's Signature

Today's Date: _____ Time: _____