

MEDICAL RECORD	GYNECOLOGIC CYTOLOGY
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SECTION I - CLINICAL DATA TO BE COMPLETED BY EXAMINING INSTALLATION

DATE OBTAINED	LMP FIRST DAY	DATE RECEIVED IN LABORATORY
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SOURCE OF SPECIMEN

COMBINED CERVIX AND VAGINA
 CERVIX
 VAGINA
 OTHER (specify)

AGE	PREGNANCY <input type="checkbox"/> YES <input type="checkbox"/> NO	GRAVIDA	PARA	PREVIOUS ABNORMAL CYTOLOGIC EXAMINATION <input type="checkbox"/> YES (Give date) <input type="checkbox"/> NO
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CLINICAL HISTORY (Surgery, drugs, hormones, radiation, etc.)	PHYSICAL EXAMINATION (Pelvic findings, etc.)
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SPECIMEN SUBMITTED BY (Facility)	SIGNATURE AND TITLE	SUBMITTING FACILITY ACCESSION NUMBER
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SECTION II - CYTOLOGIC FINDINGS FROM REPORTING INSTALLATION ONLY

NAME OF LABORATORY	ACCESSION NUMBER
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CHECK (✓) ONE	YES	NO	CHECK (✓) ONE	YES	NO	
Granulocytes	<input type="checkbox"/>	<input type="checkbox"/>	Endocervical cells	<input type="checkbox"/>	<input type="checkbox"/>	MATURATION INDEX
Leptothrix	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	PARABASALS
Trichomonas	<input type="checkbox"/>	<input type="checkbox"/>	SCREENED BY			INTERMEDIATES
Candida	<input type="checkbox"/>	<input type="checkbox"/>				SUPERFICIALS

COMMENTS AND RECOMMENDATIONS

PATHOLOGIST'S SIGNATURE	TITLE	DATE
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PATIENT'S IDENTIFICATION (Name—Last, first, middle; grade; rank; rate; hospital or medical facility)	REGISTER NO.	WARD OR CLINIC
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