

| | | | | | | | | |
|---|---------------------|---|---|---|---------------|---|---|---|
| Accession# | Date Specimen Taken | D | M | Y | Date Received | D | M | Y |
| Provider Full Name: Address: | | | | | | | | |
| cc: Doctor (Full Name) | | | | | | | | |
| DATE OF LAST PAP _____ | | | | | | | | |
| SOURCE OF SPECIMEN | | | CLINICAL HISTORY | | | | | |
| <input type="checkbox"/> Cervical <input type="checkbox"/> Endocervical <input type="checkbox"/> Vaginal Last Menstrual Period _____ | | | Abnormal Bleeding <input type="checkbox"/> Yes <input type="checkbox"/> No Post Menopausal <input type="checkbox"/> Yes <input type="checkbox"/> No Hysterectomy <input type="checkbox"/> Total <input type="checkbox"/> Subtotal | | | | | |
| MEDICATION | | | Previous Abnormal Pap/Colposcopy | | | | | |
| <input type="checkbox"/> BCP <input type="checkbox"/> HRT <input type="checkbox"/> Chemotherapy/Radiation <input type="checkbox"/> Depo Provera <input type="checkbox"/> IUD | | | <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Other Significant History/Colposcopy Findings: | | | | | |

MCP: _____
 Patient's Surname: _____ Maiden Name: _____
 First Name: _____ Second Name: _____
 Address: _____
 Previous Address: _____
 DOB: _____ Phone: _____
 Chart#: _____ Next of Kin: _____

LABORATORY USE ONLY

SPECIMEN ADEQUACY ADEQUACY QUALIFIER

| | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Satisfactory for Interpretation | <input type="checkbox"/> Blood | <input type="checkbox"/> Bacteria |
| <input type="checkbox"/> TZ Present <input type="checkbox"/> TZ Absent | <input type="checkbox"/> Scanty | <input type="checkbox"/> Leaked Vial |
| <input type="checkbox"/> Unsatisfactory | <input type="checkbox"/> Inflammation | |
| <input type="checkbox"/> No brush present | <input type="checkbox"/> Other | |
| <input type="checkbox"/> Rejected | <input type="checkbox"/> Improper Labeling | |

TECHNOLOGIST RESULT:

- NEGATIVE (NILM)**
- Reactive
- Inflammation
- Trichomonas
- Yeast/fungal
- Endometrial Cells > 40 yrs
- Shift in Flora
- Actinomyces
- Herpes
- Rad/Chemo
- ASCUS
- ASC-H
- LSIL
- HSIL
- SCC
- AGC-NOS
- AGC - F N
- A E C
- A EM C
- Adeno

PATHOLOGIST RESULT:

- ASCUS
- ASC-H
- LSIL
- HSIL
- SCC
- AGC-NOS
- AGC - F N
- A E C
- A EM C
- AIS
- Adeno

COMMENTS:

RECOMMENDATIONS: Routine Screening Repeat 3 mo Repeat 6 mo ECC Colposcopy Biopsy HPV reflex EM Sampling

Signature: _____ Date: _____