



Hospital & Clinics

**GYNECOLOGIC CYTOLOGY REQUISITION
CYTOLOGY – 122**

ACCOUNT NO.

MED. REC. NO.

NAME

BIRTH DATE

SEX

Stamp Patient Card Here

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*Requesting Provider	*I.D. Number	*Beeper / Extension	*RecLoc	Cytology Accession No
Resident / Fellow	Resident I.D. #			

FEDERAL REGULATIONS REQUIRE ALL *BOLD ITMES MUST BE COMPLETED OR THE SPECIMEN WILL NOT BE ACCEPTED.

***Collection Date:** _____

***Collection Site:**

_____ Cervix

_____ Vagina

_____ Cervix and Vagina

_____ Other: _____

***Clinic Must Provide**

ICD-9 Code _____

Date of onset if not screening _____

Date of similar symptom _____

If pregnant, estimated due date _____

***Reason for Examination (check one):**

- * ___ Diagnostic Pap (patient with previous abnormal Pap smear or signs & symptoms suggestive of a gynecological disorder or history of cancer of the uterus, cervix, vagina)
- * ___ Screening Pap (Low risk patient)
- * ___ Screening Pap (High risk patient)

Reflex HPV Testing

- * ___ Perform reflex HPV testing following ASC-US interpretation.
This testing will be performed at an additional cost and results will be available as a separate report).

***Date LMP:** _____

_____ Pregnant	_____ Weeks	_____ IUD
_____ Postpartum	_____ Weeks	_____ Hormone Replacement Therapy
_____ Postmenopausal	_____ Years	_____ Other
_____ BCP		

***Previous Diagnoses (check all that apply):**

- _____ Within Normal Limits
- _____ Low Grade SIL (includes condyloma / HPV / CIN-I)
- _____ High Grade SIL (includes CIN-II, CIN-III, CIS)
- _____ Other: _____

Previous therapy (please circle)

- conization
- radiotherapy

- colposcopy & biopsy
- cryotherapy
- chemotherapy

- LEEP
- oophorectomy
- other: _____

hysterectomy

Comments / Requests: _____

SPECIMEN ADEQUACY

SATISFACTORY FOR EVALUATION

Transformation Zone

- Present
- Absent
- Absent / Atrophy

Other quality indicators:

- Poor fixation / preservation is present
- Obscuring inflammation, foreign material, Thickness or blood is present.
- Excessive cytolysis / autolysis is present.

UNSATISFACTORY FOR EVALUATION

Specimen processed and examined, but Unsatisfactory for evaluation of epithelial Abnormality (see comment)

INTERPRETATION

NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY **ORGANISMS**

EPITHELIAL CELL ABNORMALITY

Squamous

- Atypical squamous cells of undetermined significance (ASC-US)
- Atypical squamous cells of undetermined significance cannot exclude HSIL (ASC-H)
- Low grade squamous intraepithelial lesion (LSIL) encompassing HPV, mild dysplasia, and CIN I.
- High grade squamous intraepithelial lesion (HSIL) encompassing moderate dysplasia, severe dysplasia, CIN II, CIN III and CIS.
- High grade squamous intraepithelial lesion (HSIL) encompassing moderate dysplasia, severe dysplasia, CIN II, CIN III and CIS with features suspicious for Invasion.
- Squamous cell carcinoma

Glandular

- Atypical glandular cells (see comment)
- Atypical glandular cells, favor neoplastic (see comment)
- Atypical endocervical cells, probably adenocarcinoma in situ (see comment)
- Adenocarcinoma (see comment)

- Trichomonas vaginalis
- Fungal organisms morphologically consistent with Candida spp.
- Shift in flora suggestive of bacterial vaginosis
- Bacteria morphologically consistent with Actinomyces spp.
- Cellular changes consistent with Herpes Simplex virus

OTHER

- Endometrial cells present

Note: Endometrial cells after age 40, particularly out of phase or after menopause, may be associated with benign endometrium, Hormonal alterations and less commonly, endometrial / uterine abnormalities. Clinical Correlation is recommended.

CYTOTECH: _____

DATE: _____

PATHOLOGIST: _____

DATE: _____