

ใบส่งตรวจและรายงานผล

Cytology No.....

Request for Cytopathology

PAP SMEAR

LAMPHUN HOSTITAL

Tel. 053-569187 ext. 72201

Name Age.....
Sex H.N.....
Ward / OPD.....Request date.....
Physician.....Tel.....

Specimen Type: ☐ Conventional smear ☐ Liquid – based cytology ☐ Co – Test (Lbc and HPV test)

Clinical History Para.....Last.....years LMP..... Clinical diagnosis Previous Pap No	Current Treatment (Check one if applicable) <input type="checkbox"/> Radiotherapy <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Other..... Hormonal Status <input type="checkbox"/> Normal reproductive <input type="checkbox"/> Pregnancy <input type="checkbox"/> Lactation/postpartum <input type="checkbox"/> Postmenopause <input type="checkbox"/> Hormonal replacement therapy Contraceptive Use <input type="checkbox"/> DMPA <input type="checkbox"/> OCP <input type="checkbox"/> IUD <input type="checkbox"/> Other
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FOR LABORATORY USE ONLY

Specimen Adequacy (see optional comment) <input type="checkbox"/> Satisfactory for evaluation; EC/TZ component <input type="checkbox"/> present / <input type="checkbox"/> absent <input type="checkbox"/> Unsatisfactory for evaluation <input type="checkbox"/> Specimen rejected / not processed <input type="checkbox"/> Specimen processed and examined	General Categorization <input type="checkbox"/> Negative for intraepithelial or malignancy <input type="checkbox"/> Epithelial cell abnormality (see interpretation) <input type="checkbox"/> Other (see interpretation)
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CYTOLOGICAL INTERPRETATION (THE 2014 BETHESDA SYSTEM)

NEGATIVE FOR MALIGNANCY Organism <input type="checkbox"/> <i>Trichomonas Vaginalis</i> <input type="checkbox"/> Fungus consistent with <i>Candida</i> spp <input type="checkbox"/> Suggestive of bacterial vaginosis <input type="checkbox"/> Bacteria consistent with <i>Actinomyces</i> spp <input type="checkbox"/> Consistent with Herpes simplex virus <input type="checkbox"/> Consistent with Cytomegalovirus Non – neoplastic findings (Optional to report) <input type="checkbox"/> Reactive changes associated with <input type="checkbox"/> inflammation (includes typical repair) <input type="checkbox"/> lymphocytic (follicular) cervicitis <input type="checkbox"/> radiation <input type="checkbox"/> intrauterine contraceptive device (IUD) <input type="checkbox"/> Glandular cell status post hysterectomy <input type="checkbox"/> Atrophy Other <input type="checkbox"/> Endometrial cells (≥ 45 years of age)	EPITHELIAL CELL ABNORMALITIES Squamous cell <input type="checkbox"/> Atypical squamous cells <input type="checkbox"/> of undetermined significance (ASC-US) <input type="checkbox"/> cannot exclude HSIL (ASC-H) <input type="checkbox"/> Low grade squamous intraepithelial lesion (LSIL) <input type="checkbox"/> High grade squamous intraepithelial lesion (HSIL) <input type="checkbox"/> with features suspicious for invasion <input type="checkbox"/> Squamous cell carcinoma Glandular cell <input type="checkbox"/> Atypical cells (see comment) <input type="checkbox"/> Atypical cells favor neoplastic (see comment) <input type="checkbox"/> Endocervical adenocarcinoma in situ (AIS) <input type="checkbox"/> Adenocarcinoma (specify)..... Other malignant neoplasms <input type="checkbox"/> (specify)
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Comment

Cytoscreener/Cytotechnologist

Pathologist

Report date