**DEPARTMENT OF PATHOLOGY & LAB MEDICINE**

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES, JODHPUR**

**CERVICAL SMEAR CYTOLOGY REQUISITION FORM**

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| --- |
| **Pap No.** |
| **Consultant:** |
| **Collection date:** |

**Patient ID**

**Type of Sample:** Liquid Based Cytology Conventional Smear

**Site** CervixVaginalwallVaginal vault

**LMP Previous Pap**

**Complaints**: None Vaginal Discharge AUB Post-menopausal bleeding

**Per speculum findings**: Cervix normal Erosion Bleeds on touch Suspicious

Growth present

**Colposcopic findings**: Not done Normal Low grade lesion

High grade lesion Carcinoma Other \_\_\_\_\_\_\_\_\_\_\_\_\_

**History of OCP/ HRT/ IUCD/Other** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**History of surgery:** Yes No If yes, kindly mention procedure\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**History of radiation / therapy:** Yes No If yes, indication \_\_\_\_\_\_\_\_\_\_\_\_\_

**History of malignancy:**  Yes No If yes, site \_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of the Resident/Consultant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FOR PATHOLOGY DEPARTMENT USE ONLY**

**Date and Time of receipt of sample: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of Container(s)/ slide(s) received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name and signature of receiving technician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of slides submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Incharge Resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cervical Pap smear report (Bethesda 2015)**

Satisfactory for evaluation Unsatisfactory (state reason) \_\_\_\_\_\_\_\_\_

No evidence of epithelial abnormality Epithelial abnormality present

**Infection:** TV/ Candida/ Coccobacilli/ HSV/ Actinomyces / other

**Benign cellular changes of:**

Atrophy Radiation

Repair Inflammation

**Epithelial cell abnormality**

**Squamous cells:**

ASC-US

ASC-H (cannot exclude HSIL)

LSIL (with or without HPV associated changes)

HSIL, carcinoma, not excluded

HSIL squamous cell

Squamous cell carcinoma- ?Invasive / Invasive

**Glandular cells**: (mention endocervical/endometrial, if possible)

Endometrial cells, cytologically benign in woman > 45 year of age

AGC, NOS AGC, FN

Adenocarcinoma in-situ

Adenocarcinoma: endocervical/ endometrial/ extra-uterine/ other

**Post treatment smear for malignant cells** Negative Positive

**Final cytological diagnosis:**

**Recommendation:**

**Date: Cytopathologist**