

CERVICAL CYTOLOGY REPORT

Name : _____ MOH Area : _____
 Age : _____ Clinic Name : _____
 NID No : _____ Date of Pap Smear : _____
 Date Received : _____ Date Reported : _____
 Lab No. : _____ Identification No. : _____

A) General Categorization

- 1. Satisfactory
- 2. Unsatisfactory

B) Diagnosis

- 1. Negative for intra epithelial lesion or malignancy
- 2. Low-grade squamous intra epithelial lesion
- 3. High-grade squamous intra epithelial lesion
- 4. Atypical squamous cells of undetermined significance
 - Cannot differentiate from high grade
 - Cannot differentiate from low grade
- 5. Atypical glandular cells
 - Endometrial glandular cell atypia
 - Endocervical glandular cell atypia
 - Glandular cell atypia not otherwise specified
- 6. Endometrial cells in a woman > 40 Years
- 7. Malignancy
 - Squamous
 - Glandular

Comments :

Recommendations :

Pathologist (Name) : Cyto-Screener (Name) :
 Date : Date :
 Signature : Signature :