

VICTORIA LABORATORIES LIMITED

GYNAECOLOGICAL CYTOLOGY REQUEST FORM

Name: _____ Date Of Birth: _____ Age: _____ Date: _____

Contact Number: _____ Physician: _____

Specimen Type: Cervical Ectocervical Endocervical Vaginal Others :Specify _____

Procedure: Ayre Spatula Cytobrush Conventional Liquid Based Cytology

Others Specify _____

Essential Clinical Data: LMP _____ Menopause Pregnant Postpartum

Abnormal Uterine Bleeding Post Coital Bleeding Hysterectomy

Contraception: IUD Hormonal Post Coital Bleeding Others : _____

Discharge: NIL Mucoid Bloody Perulent

Cervix: Normal Erosion Others: _____

Previous Smear: Ref _____ Date _____ Report _____

Previous Gynaecologic Treatment: _____ Hormone Therapy

Others: _____

Gynaecologic Cytology (Pap Smear) Report

A. Satisfactory Unsatisfactory :Reason _____

B. Negative For Intraepithelial Lesion/Malignancy

C. Epithelial Cell Abnormality ASC-US ASC-H AGC: Specify _____ HPV Changes LSIL

HSIL Invasive Squamous Cell Carcinoma Others :Specify _____

D. Other Findings: Benign Cellular Changes

Inflammation: Mild Moderate Severe Metaplasia Trichomonas Fungus: Candida Species

Suggestive Of Bacterial Vaginosis Others : _____

Interpretation & Comments: _____

Recommendations: _____

ACI: AS Clinically Indicated ASC-US: Atypical Squamous Cells Of Incertain Significance ASC-H: Atypical Squamous Cells Cannot Exclude High Grade Lesion AGC: Atypical Glandular Cells ASC-H: Atypical Squamous Cells Cannot Exclude High Grade Lesion