



Pap Summary Form

PAP TEST INFORMATION
(completed by clinic staff)

Client Name: _____

First, MI, Last

Date specimen collected: _____

MM/DD/YYYY

Specimen Type: Conventional
 Liquid-based

PAP TEST INFORMATION
(completed by cytotechnologist or pathologist)

Lab Name: _____

Name, Location

Specimen #: _____

Optional

Specimen Adequacy:

- Satisfactory for evaluation (describe other quality indicators): _____
 Unsatisfactory

INTERPRETATION OF RESULTS
(completed by cytotechnologist or pathologist)

Negative for intraepithelial lesion or malignancy

Infection/Inflammation/Reactive Changes (Beth1991)

Epithelial Cell Abnormalities

Squamous Cell

- ASC-US
 ASC-H
 LSIL
 HSIL
 Squamous cell carcinoma

Glandular Cell

- Atypical:
 Endocervical cells
 Endometrial cells
 Glandular cells
 Atypical:
 Endocervical cells, favor neoplasm
 Glandular cells, favor neoplasm
 Adenocarcinoma in situ
 Adenocarcinoma

Endometrial Cells

Other Malignant Neoplasms

HPV RESULTS

Results:

- Negative
 Positive (Types 16 or 18)
 Positive (Any other types besides 16 or 18)
 Positive (genotyping not done)

Lab Name: _____

Name, Location

Specimen #: _____

Optional

Date Reported (MM/DD/YYYY): _____



INSTRUCTIONS FOR COMPLETING THE PAP SUMMARY FORM

1. American Indian Cancer Foundation (AICAF) Screen Our Circle enrollment number: The enrollment number is provided by the site where the client is enrolled into Screen Our Circle and has an office visit where a clinical breast examination (CBE) and/or Pap test is done. The enrollment number will remain the same as long as the woman is eligible for Screen Our Circle. This enrollment number will be used each time a client comes in for a Screen Our Circle covered service.
2. **PAP TEST INFORMATION (completed by clinic staff):**
 - a. Clinic staff members are responsible for filling out the section containing the client name, the date the specimen was collected and the specimen type
3. **PAP TEST INFORMATION (completed by cytotechnologist or pathologist)**
 - a. Record the name of the lab interpreting results
 - b. Report the specimen number
 - c. Check the adequacy of the specimen
4. **INTERPRETATION OF RESULTS (completed by cytotechnologist or pathologist)**
 - a. Provide one result for the pap
 - b. Additional information can be provided such as (endometrial cells for women 40 years or older and/or other malignant neoplasms)
5. **HPV RESULTS**
 - a. Provide HPV results, if done
 - b. Name of lab interpreting results and specimen number
 - c. Date reported