MEDICAL RECORD	GYNECOLOGIC CYTOLOGY

SECTION I—CLINICAL DATA TO BE COMPLETED BY EXAMINING INSTALLATION

DATE OBTAINED	LMP FIRST DAY	DATE RECEIVED IN LABORATORY

SOURCE OF SPECIMEN

☐ COMBINED CERVIX AND VAGINA ☐ CERVIX ☐ VAGINA ☐ OTHER *(specify)*

AGE	PREGNANCY	GRAVIDA	PARA	PREVIOUS ABNORMAL CYTOLOGIC EXAMINATION
	☐ YES ☐ NO			☐ YES *(Give date)* ☐ NO

CLINICAL HISTORY *(Surgery, drugs, hormones, radiation, etc.)*	PHYSICAL EXAMINATION *(Pelvic findings, etc.)*

SPECIMEN SUBMITTED BY *(Facility)*	SIGNATURE AND TITLE	SUBMITTING FACILITY ACCESSION NUMBER

SECTION II—CYTOLOGIC FINDINGS FROM REPORTING INSTALLATION ONLY

NAME OF LABORATORY	ACCESSION NUMBER

CHECK (✓) ONE	YES	NO	CHECK (✓) ONE	YES	NO	
Granulocytes			Endocervical cells			MATURATION INDEX
Leptothrix						PARABASALS
Trichomonas			SCREENED BY			INTERMEDIATES
Candida						SUPERFICIALS

COMMENTS AND RECOMMENDATIONS

PATHOLOGIST'S SIGNATURE	TITLE	DATE

PATIENT'S IDENTIFICATION *(Name—Last, first, middle; grade; rank; rate; hospital or medical facility)*	REGISTER NO.	WARD OR CLINIC

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