|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of Specimen**  Vaginal  Cervical  Endocervical  อื่นๆ(ระบุ) …………………………….. (สำหรับ Ward)  **Method**  **………………………………………………………….**  ทำ Pap ครั้งแรก  **Patient clinical history Para:**  **…… - …… - …… – …… Last:** **…….. yrs**  **LMP:**………………………. **การคุมกำเนิด:** **……………..……..**  **Previous treatments:…………………………………… Clinical findings:…………………………………………………….**  **Clinical diagnosis:** ………………………………………………………  **Last Pap smear in 5 years:** ……………………………………………………………….  **ผู้ป่วยเคยได้รับการคัดกรองด้วยวิธี VIA:……………………………………………………………………………………………………………………………………………** | | | | | |
| **The Bethesda System for Reporting Cervical Cytology 2014** | | | | | |
| **SPECIMEN ADEQUACY** | **Satisfactory for evaluation**  Presence of endocervical/transformation zone component  Absence of endocervical/transformation zone component  **Unsatisfactory for evaluation**  Specimen rejected/not process  Specimen processed and examined, but  unsatisfactory for evaluation of epithelial abnormality  because of ………………………………………………………………………….. | | | | Smear too thickly spread  Partial or complete obscuring inflame/blood  Scant cellularity  Other ……………………………….. |
| **GENERAL CATEGORIZATION**  (Optional) | **Negative for intraepithelial Lesion of Malignancy**  **Endometrial cell (≥ 45 yrs)**  **Non-neoplastic cellular variations**  Squamous metaplasia  Keratotic changes  Tubal metaplasia  Atrophy  Pregnancy-associated changes  **Reactive cellular changes assoc. with**   Inflammation/repair  Radiation  IUD  Glandular cells s/p hysterectomy  **Organism:**  Trichomonas spp.  Candida spp.  Bacterial vaginosis  Actinomycosis spp. HSV CMV  Other organism (ระบุ) …………………… | | | | |
| **EPITHELIAL ABNORMALITIES** | | | | | |
| **SQUAMOUS CELL**  Atypical squamous cells  of undetermined significance (ASC-US)  cannot exclude HSIL (ASC-H)  Low-grade squamous intraepithelial lesion (HSIL)  Moderate – severe dysplasia  CIS (CIN 2, 3)  With features suspicious for invasion  Squamous cell carcinoma | | | **GLANDULAR CELL**  Atypical cells, NOS  Endocervix  Endometrium  Glandular cell  Atypical, favor neoplastic  Endocervix  Glandular cell  Endocervical adenocarcinoma in situ  Adenocarcinoma  Endocervix  Endometrium  Extrauterine  Other malignant neoplasm ………… | | |
| **NOTE:** | | …………………………………………..…..  **Cytotechnologist/Screener Date………………….** | | ……………………………………………….  **Pathologist Date……………………..** | |