|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SPECIMEN TYPE:** ……………………………………………………………………. **ORGAN/TISSUE:** ……………………….……….…………………………………………  **CLINICAL HISTORY:** ………………………………………………………………………………………………………………………………………………………………………………..  ……………………………………………………………………………………………………………………………………………………………………………………………………………………………..  **CLINICAL DIAGNOSIS:** …………………………………………………………………………………………………………………………………………………………………………….  **NUMBER OF SLIDE:** ………………………………………………………………………….. **slides** | | | | |
| **MACROSCOPIC FINDINGS:** | | | |  |
|  | ……………………………………………………………………………………………………………………….......................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................... | | |
| **CYTOLOGIC FINDINGS**: | | | |  |
|  | ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… | | |
| **CYTOLOGIC DIAGNOSIS**: ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………………………….. | | | | |
| NOTE: | | | | |
|  | | ………………………………………………  **Cytotechnologist/Screener**  **Report date:** ……………………………… | …………………………………………  **Pathologist**  **Report date:** ……………………..... | |