

**FIVE YEAR RETRO-REVIEW OF CURRENT HSIL/CA PAP CASES
CYTOLOGY DEPARTMENT**

CURRENT ACCESSION #: _____

SCREENING TEST INTERPRETATION: _____

CYTOTECHNOLOGIST/PATHOLOGIST: _____

CURRENT DATE: _____

<p>PREVIOUS #</p> <p>CT</p> <p>Retrospective Review Interpretation:</p> <p><input type="checkbox"/> Negative for significant discrepancy that would affect current patient care</p> <p><input type="checkbox"/> Positive for significant discrepancy that would affect current patient care; please specify:</p> <p><input type="checkbox"/> ASC-US <input type="checkbox"/> AGC <input type="checkbox"/> HSIL</p> <p><input type="checkbox"/> ASC-H <input type="checkbox"/> LSIL <input type="checkbox"/> CANCER</p>	<p>PREVIOUS #</p> <p>CT</p> <p>Retrospective Review Interpretation:</p> <p><input type="checkbox"/> Negative for significant discrepancy that would affect current patient care</p> <p><input type="checkbox"/> Positive for significant discrepancy that would affect current patient care; please specify:</p> <p><input type="checkbox"/> ASC-US <input type="checkbox"/> AGC <input type="checkbox"/> HSIL</p> <p><input type="checkbox"/> ASC-H <input type="checkbox"/> LSIL <input type="checkbox"/> CANCER</p>
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HISTOLOGIC INFORMATION REVIEWED

REVIEWER: _____ REVIEWED BY: _____

DATE: _____ DATE: _____