### MEDICAL RECORD | GYNECOLOGIC CYTOLOGY

#### SECTION I - CLINICAL DATA TO BE COMPLETED BY EXAMINING INSTALLATION

<table>
<thead>
<tr>
<th>Date Obtained</th>
<th>LMP First Day</th>
<th>Date Received in Laboratory</th>
</tr>
</thead>
</table>

**Source of Specimen**

- Combined Cervix and Vagina
- Cervix
- Vagina
- Other (specify)

**Age**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**Pregnancy**

- Yes
- No

**Gravida**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**Para**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**Previous Abnormal Cytologic Examination**

- 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**

<table>
<thead>
<tr>
<th>Type</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

- Granulocytes
- Leptothrix cells
- Trichomonas
- Candida

**Screened By**

**Maturation Index**

- Parabasals
- Intermediates
- 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**

---

**STANDARD FORM 541 (Rev.11-77)**

Prescribed by GSA/ICMR 541-111

FIRM (41 CFR) 201-45.606

USAPPC V1.00