### Pap Summary Form

**PAP TEST INFORMATION**  
*(completed by clinic staff)*

<table>
<thead>
<tr>
<th>Client Name:</th>
<th>Specimen Type:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>First, MI, Last</td>
<td>Conventional</td>
<td>Liquid-based</td>
</tr>
</tbody>
</table>

**Date specimen collected:**  
**MM/DD/YYYY**

**Specimen Adequacy:**  
- [ ] Satisfactory for evaluation (describe other quality indicators): __________________________________________________________________________ |
- [ ] Unsatisfactory

**PAP TEST INFORMATION**  
*(completed by cytotechnologist or pathologist)*

<table>
<thead>
<tr>
<th>Lab Name:</th>
<th>Specimen #:</th>
<th>Name, Location</th>
<th>Optional</th>
</tr>
</thead>
</table>

**Specimen Adequacy:**  
- [ ] Satisfactory for evaluation (describe other quality indicators): __________________________________________________________________________ |
- [ ] Unsatisfactory

**INTERPRETATION OF RESULTS**  
*(completed by cytotechnologist or pathologist)*

- [ ] Negative for intraepithelial lesion or malignancy
- [ ] Infection/Inflammation/Reactive Changes (Beth1991)
- [ ] Epithelial Cell Abnormalities
  - Squamous Cell
    - [ ] ASC-US
    - [ ] ASC-H
    - [ ] LSIL
    - [ ] HSIL
    - [ ] Squamous cell carcinoma
  - Glandular Cell
    - [ ] Atypical:
      - [ ] Endocervical cells
      - [ ] Endometrial cells
      - [ ] Glandular cells
    - [ ] Atypical:
      - [ ] Endocervical cells, favor neoplasm
      - [ ] Glandular cells, favor neoplasm
      - [ ] Adenocarcinoma in situ
      - [ ] Adenocarcinoma
- [ ] Endometrial Cells
- [ ] Other Malignant Neoplasms

**HPV RESULTS**

<table>
<thead>
<tr>
<th>Results:</th>
<th>Lab Name:</th>
<th>Specimen #:</th>
<th>Name, Location</th>
<th>Optional</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Negative</td>
<td>____________________________</td>
<td>____________________________</td>
<td>____________________________</td>
<td>____________________________</td>
</tr>
<tr>
<td>[ ] Positive (Types 16 or 18)</td>
<td>____________________________</td>
<td>____________________________</td>
<td>____________________________</td>
<td>____________________________</td>
</tr>
<tr>
<td>[ ] Positive (Any other types besides 16 or 18)</td>
<td>____________________________</td>
<td>____________________________</td>
<td>____________________________</td>
<td>____________________________</td>
</tr>
<tr>
<td>[ ] Positive (genotyping not done)</td>
<td>____________________________</td>
<td>____________________________</td>
<td>____________________________</td>
<td>____________________________</td>
</tr>
</tbody>
</table>

**Date Reported (MM/DD/YYYY):** ____________________________

*Updated: 7/1/2019*
INSTRUCTIONS FOR COMPLETING THE PAP SUMMARY FORM

1. American Indian Cancer Foundation (AICAF) Screen Our Circle enrollment number: The enrollment number is provided by the site where the client is enrolled into Screen Our Circle and has an office visit where a clinical breast examination (CBE) and/or Pap test is done. The enrollment number will remain the same as long as the woman is eligible for Screen Our Circle. This enrollment number will be used each time a client comes in for a Screen Our Circle covered service.

2. PAP TEST INFORMATION (completed by clinic staff):
   a. Clinic staff members are responsible for filling out the section containing the client name, the date the specimen was collected and the specimen type

3. PAP TEST INFORMATION (completed by cytotechnologist or pathologist)
   a. Record the name of the lab interpreting results
   b. Report the specimen number
   c. Check the adequacy of the specimen

4. INTERPRETATION OF RESULTS (completed by cytotechnologist or pathologist)
   a. Provide one result for the pap
   b. Additional information can be provided such as (endometrial cells for women 40 years or older and/or other malignant neoplasms)

5. HPV RESULTS
   a. Provide HPV results, if done
   b. Name of lab interpreting results and specimen number
   c. Date reported

Updated: 7/1/2019