



CERVICAL SCREENING PROGRAMME

Test Result Form
for Cytology / HPV DNA

Woman Information

Surname		Given name		Chinese name*: <i>(If any, as on HKID/passport)</i>
English Name*: <i>(As on HKID/passport)</i>				
# HKID / Passport no.*:			Age at Test Date:	

Test Information

Specimen Taker*:		Specimen Taking Place*:		
Laboratory Name*:		Specimen Taking Date: ____ / ____ / ____ <small>(DD) (MM) (YYYY)</small>		
Pathologist / Cytotechnologist:		Specimen Receipt Date: ____ / ____ / ____ <small>(DD) (MM) (YYYY)</small>		
Laboratory Case No. * :		Specimen Report Date * : ____ / ____ / ____ <small>(DD) (MM) (YYYY)</small>		
Endocervical Brush Used? <input type="checkbox"/> Yes <input type="checkbox"/> No		Re-screening Done? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason of Smear: <input type="checkbox"/> Routine Screening <input type="checkbox"/> Follow Up Smear <input type="checkbox"/> Presence of Vaginal Bleeding/Discharge				
Type of Cytology Specimen * : <input type="checkbox"/> Conventional <input type="checkbox"/> Liquid Based (Autocyte) <input type="checkbox"/> Liquid Based (Thinprep)				

Test Result Information

Re-examination of Previously Reported Specimen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Clinical Notes / Laboratory Remarks:

delete as appropriate

* indicates a mandatory field and must be provided

Please turn over to continue

Test Result Codes

Specimen Adequacy*

- | | |
|---|---|
| <input type="checkbox"/> Satisfactory for evaluation
Quality indicators
<input type="checkbox"/> Presence of transformation zone / endocervical component
<input type="checkbox"/> Absence of transformation zone / endocervical component
<input type="checkbox"/> Relatively scant cellular yield
<input type="checkbox"/> Partially obscured by thick area
<input type="checkbox"/> Partially obscured by blood
<input type="checkbox"/> Partially obscured by mucus
<input type="checkbox"/> Partially obscured by polymorphs
<input type="checkbox"/> Partially obscured by foreign materials
<input type="checkbox"/> Slides relatively poor preserved / poor fixation / moderate cytolysis
<input type="checkbox"/> Slides with moderate drying artefact
<input type="checkbox"/> Others _____
_____ | <input type="checkbox"/> Unsatisfactory for evaluation
<input type="checkbox"/> Specimen rejected / not processed
<input type="checkbox"/> Form without specimen <input type="checkbox"/> Leakage of specimen
<input type="checkbox"/> Specimen without form <input type="checkbox"/> Slide irreparably broken
<input type="checkbox"/> Test not available <input type="checkbox"/> Unlabelled specimen
<input type="checkbox"/> Empty specimen bottle <input type="checkbox"/> Others _____
<input type="checkbox"/> Specimen processed and examined, but unsatisfactory for evaluation of epithelial abnormality
<input type="checkbox"/> Insufficient squamous epithelial components
<input type="checkbox"/> Significantly obscured by thick area
<input type="checkbox"/> Significantly obscured by blood
<input type="checkbox"/> Significantly obscured by mucus
<input type="checkbox"/> Significantly obscured by polymorphs
<input type="checkbox"/> Significantly obscured by foreign materials
<input type="checkbox"/> Slides poorly preserved / poorly fixed / extensive cytolysis
<input type="checkbox"/> Slide with extensive drying artefact
<input type="checkbox"/> Others _____ |
|---|---|

General Categorization

- | | |
|---|--|
| <input type="checkbox"/> Negative for Intraepithelial Lesion or Malignancy
Organisms
<input type="checkbox"/> Trichomonas vaginalis
<input type="checkbox"/> Fungal organisms morphologically consistent with Candida species
<input type="checkbox"/> Shift in flora suggestive of bacterial vaginosis
<input type="checkbox"/> Bacteria morphologically consistent with Actinomyces species
<input type="checkbox"/> Cellular changes associated with Herpes simplex virus
<input type="checkbox"/> Others _____
Other non-neoplastic findings
<input type="checkbox"/> Inflammation (includes typical repair)
<input type="checkbox"/> Radiation
<input type="checkbox"/> Intrauterine contraceptive device (IUD)
<input type="checkbox"/> Glandular cells status post-hysterectomy
<input type="checkbox"/> Atrophy
<input type="checkbox"/> Other findings _____
General Categorization - Others
<input type="checkbox"/> Endometrial cells present in woman \geq 40 years old if negative for squamous intraepithelial lesion
<input type="checkbox"/> Endometrial cells (out of phase) in woman < 40 years
<input type="checkbox"/> Other malignant neoplasms, please specify _____ | <input type="checkbox"/> Epithelial Cell Abnormality
<input type="checkbox"/> Squamous
<input type="checkbox"/> ASCUS
<input type="checkbox"/> ASC-H
<input type="checkbox"/> Atypical squamous cells, not otherwise specified
<input type="checkbox"/> LSIL (incl. CIN-I, HPV, mild dysplasia)
<input type="checkbox"/> HSIL (incl. CIN-II, CIN-III, moderate, dysplasia severe dysplasia, carcinoma in situ)
<input type="checkbox"/> HSIL with features suspicious for invasion
<input type="checkbox"/> Squamous cell carcinoma (SCC)
<input type="checkbox"/> Glandular
<input type="checkbox"/> Atypical glandular cells
<input type="checkbox"/> Endocervical
<input type="checkbox"/> Endometrial
<input type="checkbox"/> NOS
<input type="checkbox"/> Atypical glandular cells, favor neoplastic
<input type="checkbox"/> Endocervical
<input type="checkbox"/> Endometrial
<input type="checkbox"/> NOS
<input type="checkbox"/> Endocervical AIS
<input type="checkbox"/> Adenocarcinoma
<input type="checkbox"/> Endocervical <input type="checkbox"/> Extra-uterine
<input type="checkbox"/> Endometrial <input type="checkbox"/> NOS |
|---|--|

Ancillary Testing

HPV DNA Testing

HPV Test Method

-
- Dot blot technique
-
-
- PCR / RFLP technique
-
-
- Digene hybrid capture system
-
-
- In-situ hybridization technique

General Interpretation

High risk HPV

-
- Negative
-
-
- Positive

Other Results

-
- Inadequate for evaluation
-
-
- Specimen unsatisfactory for evaluation
-
-
- HPV DNA, not otherwise specified

Other Ancillary Tests, please specify _____

Automated Review (if case examined by automated device, specify device and result)

Educational Notes and Suggestions

Thank you

Please send this completed form to Cervical Screening Programme by mail:



Cervical Screening Programme

Department of Health,

18/F, Wu Chung House, 213 Queen's Road East, Wanchai, Hong Kong