

# Sage Pap Summary

Sage Encounter Number  
Assign a new number for each visit

_____
-------

## A. PAP TEST INFORMATION (To be completed by clinic staff)

Patient name (Last, First, MI): \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Date specimen collected: \_\_\_/\_\_\_/\_\_\_ Specimen Type:  Conventional  
month day year  Liquid-based

## B. PAP TEST INFORMATION (To be completed by cytotechnologist or pathologist)

Lab name: \_\_\_\_\_ Specimen #: \_\_\_\_\_ Optional

### SPECIMEN ADEQUACY

- Satisfactory for evaluation (describe other quality indicators) \_\_\_\_\_  
 Unsatisfactory

## C. INTERPRETATION RESULT (To be completed by cytotechnologist or pathologist)

Negative for Intraepithelial Lesion or Malignancy

Epithelial Cell Abnormalities

### Squamous cell

- ASC-US (Atypical Squamous Cells of Undetermined Significance)  
 ASC-H (Atypical Squamous Cells, cannot exclude HSIL)  
 LSIL (Low Grade Squamous Intraepithelial Lesion)  
 HSIL (High Grade Squamous Intraepithelial Lesion)

### Glandular cell

- Atypical:  
 Endo cervical cells (NOS or specify in comments)  
 Endometrial cells (NOS or specify in comments)  
 Glandular cells (NOS or specify in comments)  
Comments: \_\_\_\_\_  
 Atypical:  
 Endocervical cells, favor neoplasm  
 Glandular cells, favor neoplasm  
 Adenocarcinoma

Endometrial Cells (in a woman  $\geq$  40 years of age)

Other Malignant Neoplasms (specify) \_\_\_\_\_

## D. HPV RESULT (Report the HPV findings here)

Negative

Positive Lab name: \_\_\_\_\_ Specimen #: \_\_\_\_\_

Date reported: \_\_\_/\_\_\_/\_\_\_  
month day year



Please complete and return to:  
Minnesota Department of Health  
Sage Screening Program  
P.O. Box 64882  
St. Paul, MN 55164-0882

