

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 specimen collected: ____/____/____
month day year

Specimen Type: Conventional
 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)
 Squamous Cell Carcinoma

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)
 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 #: _____

optional

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



ID#53925
(Rev 4/2018)