SECTION E CYTOLOGY REVIEW

STUDY ID

If the slide was not available for review state reason (**1.**Not Found,**2.** Not Released, **3.**Not Suitable)

Details

PART E1. **ORIGINAL** SLIDE DETAILS

Lab Code	Slide ID	Date of Original Test (D D M M Y Y Y Y)	Test Type (see code)	Cytology Type (see codes)	Original Test Result	First Referral (Y/N)

PART E2. **REVIEW** RESULTS (please enter one line per reviewer. **START** with Local reviewers)

Reviewed at (1.Local/ 2.Regional level)	Type of Reviewer (see codes)	Date	Review Result (see code)	Factors likely to lead* to false **positive** results	Factors likely to lead* to false **negative** results

*Please enter as many factors as necessary. Leave blank if it does not apply

Result Codes
1. Inadequate
2. Negative
3. Mild Dyskaryosis
4. Severe dyskaryosis
5. ?Invasive cancer
6. ?Glandular neoplasia
7. Moderate dyskaryosis
8. Borderline dyskaryosis

Potential False Negatives
1. Small Cell Dysk
2. Pale Cell Dysk
3. Microbiopsies
4. Small Keratinized cells
5. Sparse Dysk(<200 cells)
6. Other (Specify)

Potential False Positive
A. Normal Endometrial Cells
B. Endometriosis/tubo-endo metaplasia
C. LUS Endometrial Sampling
D. Histiocytes
E. Follicular Lymphocytic cervicitis
F. IUCD Effect
G. Other (Specify)

Type of Reviewer
1. Screener
2. Checker
3. Advanced Practitioner
4. Consultant

Test Type
1. Routine Screening
2. Repeat (following abnormal)
3. Surveillance (following Colp)
4. Symptomatic
5. Colposcopy
6. Other

Cytology Type
1. Conventional
2. LBC (SurePath)
3. LBC (ThinPrep)
4. LBC (other)

(End)