WOMEN'S HEALTH LABORATORIES

Howard L. Martin, M.D.
Laboratory Director

Sample OB/GYN Associates
1234 Anywhere Road
Anywhere, TN 54321

Accession No.	MR/Chart No.	Gender	D.O.B.
WHC-XX-XXXX	/18001	F	04/25/1987 26 Yrs

Patient Name & Address
Jane P. Doe
5432 Main Street
Anywhere, TN 54321

Date of Service 1-19-14
Date Received 1-20-14
L.M.P. 1-10-14

Requesting Physician
Joe S. Sample, M.D.

Referring Physician
Jane S. Test, M.D.

Clinical History
Other: Previous Pap Result: 5/3/2013 HGSIL; Previous Biopsy Result: 5/16/2013 9 O'Clock Cervical Biopsy CIN II

Specimen Source(s)
Cervical, Endocervical

CYTOLOGY DIAGNOSIS

DIAGNOSIS:	HSIL

Specimen Adequacy: Satisfactory for evaluation; endocervical/transformation zone component present.

Interpretation: Epithelial cell abnormality: High-grade squamous intraepithelial lesion (HSIL) (encompassing: moderate and severe dysplasia, CIS; CIN 2 and CIN 3). Dr. Mark Dolz has reviewed this case and agrees with the above interpretation.

CHLAMYDIA/GONORRHEA

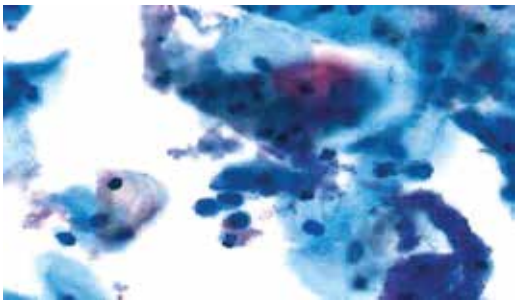
CHLAMYDIA:	NEGATIVE
GONORRHEA:	NEGATIVE

This sample is negative for evidence of either Chlamydia trachomatis or of Neisseria gonorrhoeae nucleic acid as detected by diagnostic amplification testing for ribosomal RNA (rRNA).
The current negative result does not exclude the possibility of an infection with Chlamydia trachomatis or Neisseria gonorrhoeae not detected due to error in sample collection, the presence of inhibitory substances or levels of the organism not detected due to assay sensitivity. If clinical suspicion of infection remains, repeat collection and testing by culture based methodology is recommended. Routine testing for these two infections is part of the recommended standard of care by the Centers for Disease Control and the American College of Obstetrics and Gynecology for the more comprehensive plan to diagnose and management of sexually transmitted disease. This test is not recommended for the evaluation of suspected sexual abuse, for other medico-legal indications, or for evaluation of children under the age of consent. In these circumstances culture is the test of choice.
Methodology: CT/NG nucleic acid is detected utilizing the Gen-Probe Aptima Combo 2 assay, an FDA approved in-vitro diagnostic amplification test for the qualitative detection and differentiation of ribosomal RNA (rRNA) from Chlamydia trachomatis (CT) and/or Neisseria gonorrhoeae (NG).

CYTOLOGY & HPV-HR HISTORY

Date	Diagnosis	HPV	Accession #
05/2013	HGSIL		WHH-13-XXXX

MICROSCOPIC IMAGE



Natasha Jones CT (ASCP) HTL
Cytotechnologist
Electronically signed January 21, 2014

Bradly Clark, MD
Pathologist
Electronically signed January 21, 2014

CPT Code(s): 87491, 87591, 88141, 88175
ICD-9 Code(s): 795.04
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All ThinPrep Pap specimens are analyzed by the ThinPrep Imaging System (Hologic Corp.), an automated imaging and review system, which assists the cytotechnologist and/or pathologist in evaluation of cells on ThinPrep Pap Tests.