

PAP SLIDE SUBMISSION FORM

If slides are more than 5 years old, may we:	FILL ONE
Discard rejects	<input type="radio"/> Y <input type="radio"/> N*

Please provide the following information, package slides carefully, and mail as noted below:



Pathologist: _____ Institution: _____
 Laboratory CAP Number: _____ Address: _____
 Laboratory Phone: _____ City, State, Zip Code: _____
 Laboratory Fax: _____ Contact Name: _____

* If you answered NO, rejects will be held for two years and then disposed of by CAP.

	Laboratory Accession Number	LMP	Age	Interpretive Code	Specimen Adequacy (S/U) and Quality Indicators	Relevant Clinical Information	Slide Type (C T S I)	Biopsy Results*	For CAP Use
	One Entry Per Line			See Below			See Below		
1									
2									
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*Provide specific biopsy diagnosis for each LSIL, HSIL, and carcinoma case. Tissue confirmation is required. Slides must be free of patient identifiers and diagnostic information.

Interpretive Code

Category A

001 Unsatisfactory for evaluation: interpretation not possible (state reason)

Category B

101 Negative for intraepithelial lesions or malignancy
 111 Fungus
 113 Trichomonas
 115 Herpes

120 Repair
 121 Atrophic vaginitis
 127 Follicular cervicitis

Category C

201 LSIL

Category D

211 HSIL
 220 Adenocarcinoma in situ
 221 Squamous cell carcinoma
 225 Adenocarcinoma, NOS
 226 HSIL/Carcinoma and/or carcinoma, NOS
 227 Non-epithelial malignant neoplasm

Slide Type

C = Conventional
 T = ThinPrep®
 S = SurePath™
 I = ThinPrep Imager®

Mail slides by trackable method to:

PAP Department
 College of American Pathologists
 325 Waukegan Road
 Northfield, IL 60093-2750

For more information:
 Call the College of American Pathologists
 at 800-323-4040 ext. 7326, or 7022

To submit additional slides, please photocopy form as necessary.