

PAP SLIDE SUBMISSION FORM



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

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

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

Pathologist: _____

Institution: _____

Laboratory CAP Number: _____

Address: _____

Laboratory Phone: _____

City, State, Zip Code: _____

Laboratory Fax: _____

Contact Name: _____

	Laboratory Accession Number	LMP	Age	Interpretive Code	Relevant Clinical Information	Slide Type (C T S I)	Biopsy Results*	For CAP Use
	One Entry Per Line			See Below		See Below		
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

*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

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

To submit additional slides, please photocopy form as necessary.

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For additional submission forms, please copy or go to:

www.cap.org>Laboratory Improvement>Proficiency Testing>Anatomic Pathology Education Programs>Gynecologic Cytology (PAP) Slide Donation Form