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|  | | **液基薄层细胞学检测申请单** | | | | | | | | | | | | | | | | | | 序号：«EmployeeNum» | | | |
| 郑州市中心医院高新院区 | | | |
| «BarcodeNum» | |
| 请用正楷本字填写 | | 由临床医师填写 | | | | | | | |  | | | | 单位 | «Unit» | | | | | | | | |
| 样本采集日期： 年 月 日 科室： 申请单号： | | | | | | | | | | | | | | | | | | | | | | | |
| 病人资料： | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名： «Name» 年龄： «Age» 病历号： 床位号：  通信地址： 邮编： 电话：  末次月经日期： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | |
| 病人病历（请选择所有合适的项目） | | | | | | | | | | | | | | | | | | | | | | | |
| 口口服避孕药或避孕针 | | 口子宫环 | | | | | | | 口不正常流血 | | | | | | | |  |  | | --- | --- | | 口手术后 | 口子宫切除术  口宫颈锥切术或LEEP术  口卵巢切除术  口其它 | | | | | | | | |
| 口产后四个月 | | 口怀孕 | | | | | | | 口哺乳期 | | | | | | |
| 口人乳头瘤病毒（HPV） | | 口其它 | | | | | | |  | | | | | | |
| 以往检查日期及结果：日期 结果  临床所见：  补充说明：  医师签名： | | | | | | | | | | | | | | | | | | | | | | | |
| **由实验室检验医生填写** | | | | | | | | | | | | | | | | | | | | | | | |
| **实验室分析结果**  样本满意度： 口满意 口需重新采样 | | | | | | | | | | | | | | | | | | | | | | | |
| TBS标准诊断： | | | | | | | | | | | | | | | | | | | | | | | |
| 鳞状上皮细胞分析： | | | | 口正常 | |  | | 口轻度 | | | 腺上皮细胞分析： | | | | | | | | | | | | |
| 口炎症 | | 口中度 | | |
| 口未见上皮内病变细胞和癌细胞 | | | |  | | 口重度 | | | 口非典型腺细胞（宫颈） | | | | | | | |  | | 口不能明确意义 | | |
| 口表皮细胞委缩 | | | | | | |  | | 口倾向原位腺癌 | | |
|  | | | | 口宫内避孕器反应 | | | | | | | 口非典型腺细胞 | | | | | | | | 口宫颈 | | | | |
| 口放疗反应 | | | | | | | 口来源不明 | | | | |
|  | | | | 口妊娠反应 | | | | | | | 口可疑腺癌 | | | | | | | |  | | | | |
| 口其它 | | | | | | |
| 口非典型鳞状细胞 | | | |  | 口不能明确意义 | | | | | | | 口腺癌 | | | | | |  | | | | 口宫颈癌 | | |
|  |  | | | | | | |  | | | | 口宫内膜 | | |
|  | 口倾向于上皮内高度病变 | | | | | | |  | | | | 口其它： | | |
| 口上皮内低度病变（CIN1） | | | |  | | | | | | | 其它： | | | | | | | | | | | | |
| 口上皮内高度病变 | | | |  | 口C1N2 | | | | | | | |  | | | | | | | | | | | |
|  | 口C1N3 | | | | | | | |
| 口鳞状细胞癌 | | | |  | | | | | | |  | | | | | |  | | | | | | 口滴虫感染 |
| 细胞量 | 口>5000 | | | | | | 口<5000 | | | |  | | | | | | 口轻度 | | | | | | 口霉菌感染 |
| 口红细胞 | | | 口颈管细胞 | | | | | | | | 口炎细胞 | | | | | | 口中度 | | | | | | 口提示HPV感染 |
| 口经期样本 | | | 口化生细胞 | | | | | | | |  | | | | | | 口重度 | | | | | | 口疱疹病毒感觉 |
| 口其它 | | |  | | | | | | | | 口提示细菌感染 | | | | | |  | | | | | |

报告意见：

检验医师： 日期：