PAP SLIDE SUBMISSION FORM

If slides are more than 5 years old, may we:	FILL ONE
Discard rejects	◯ Y ◯ N*

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

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

Pathologist: _____

Laboratory CAP Number: _____

Laboratory Phone: _____

Laboratory Fax: _____

Institution: _____

Address: _____

City, State, Zip Code: _____

Contact Name: _____

	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									
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
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. 7275, or 7022

To submit additional slides, please photocopy form as necessary.

For additional submission forms, please copy or go to:
www.cap.org>Accreditation and Laboratory Improvement>Pap Slide Submission Program