

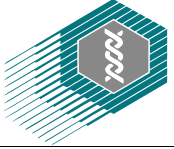
Sample Cytology/Molecular Pathology Report

Our "combo report" conveniently shows both Pap results as well as HPV/CT/GC/TV results (when ordered). This report provides:

- An easy to read summary
- Less filing of paperwork
- Summary of prior Pap results allowing you to quickly evaluate your patients treatment

GYN Pathology

DPMG's Board certified Cytopathologists have the ability to correlate Cytology/Molecular results with biopsies submitted for interpretation allowing for a more complete diagnosis.



**DIAGNOSTIC
PATHOLOGY
MEDICAL
GROUP, INC.**

**CYTOLOGY and MOLECULAR
PATHOLOGY REPORT**

*Cytology Lab Director: Kai Ni, M.D.
Molecular Lab Director: Derek Marsee, M.D., Ph.D*

3301 C Street, Ste 200E
Sacramento, CA 95816
(916) 446-0424
Fax: (916) 446-9330
www.dpmginc.com

Patient: **TEST, PATIENT** Age: 33 (01/01/81) Pathology #: **TPC-12-99985**

Acct#: Sex: FEMALE

Doctor: TEST DOCTOR Date Obtained: 09/17/2012
3301 C Street #200E Date Received: 09/18/2012
SACRAMENTO, CA 95816

SPECIMEN: Cervical
CLINICAL DATA:

Cytologic and Molecular Results:

PAP DIAGNOSIS: WITHIN NORMAL LIMITS

MOLECULAR RESULTS:
HIGH RISK HPV RESULT: *** DETECTED ***
NEISSERIA GONORRHOEAE RESULTS: ***DETECTED***
CHLAMYDIA TRACHOMATIS RESULTS: ***DETECTED***
HPV genotype 18/45: ***POSITIVE***
TRICHOMONAS VAGINALIS: ***DETECTED***

[Additional Cytologic Findings](#)

SPECIMEN ADEQUACY: Satisfactory for evaluation

Test Note: HPV 16 18/45 testing was performed with the FDA approved APTIMA TM HPV 16 18/45 Genotype Assay.

Prior PAP Smear Diagnoses: (3 most recent)

DATE	PATHOLOGY#	PAP DIAGNOSIS	MOLECULAR DIAGNOSES
10/04/05	TPC-05-16715	WNL	
01/30/13	SPC-13-00762	WNL	High Risk HPV Negative, GC Negative, Chlamydia Negative
03/19/12	SPC-12-02207	WNL	GC Negative, Chlamydia Negative

The PAP smear is a screening test for cervical cancer with an inherent and irreducible false negative rate, the consequences of which may be minimized by obtaining regular annual PAP smears.

HPV testing was performed with either the FDA-approved Digene Hybrid Capture II kit or the FDA-approved Cervista HPV HR kit, with one of the following modifications: a.) testing was performed on specimen types not specified on the kit insert. b.) the test procedure has been modified from the published kit insert procedure. The modifications have not yet been cleared or approved by the FDA, however the performance characteristics of the test were validated by DPMG.

Interpretation on 10/31/2014 by **Maria Ella Lim CT(ASCP)**
Electronically signed at Diagnostic Pathology Medical Group,
3301 C Street, Suite 200E SACRAMENTO, CA 95816

Interpretation on 11/04/2014 by **Jamie Cassity, M.D.**
Electronically signed at Sutter Memorial Hospital,
515 F Street SACRAMENTO, CA 95819

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Board Certified Cytopathologists


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**DIAGNOSTIC
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**ANATOMIC PATHOLOGY
REPORT**

Laboratory Medical Director: Robert W. Ghiselli, M.D.

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Patient: **TEST PATIENT** Age: 25 (05/09/88) Pathology #: **DPS-14-03515**

Acct#: Sex: FEMALE Epic: 1419329

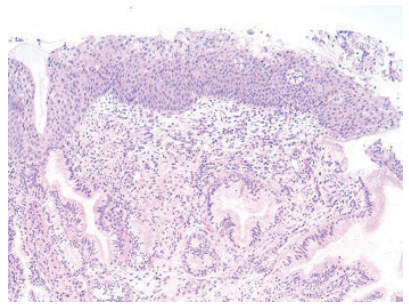
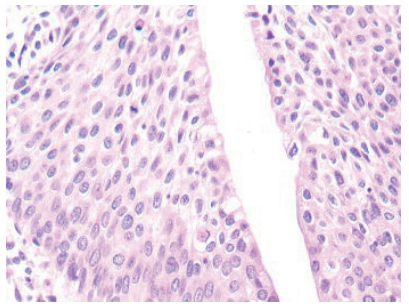
Doctor: DPMG Date Obtained: 03/05/2014
3301 C ST SUITE 200E Date Received: 03/06/2014
Sacramento CA 95816

CLINICAL DATA: 795.02

SPECIMEN: A. CERVIX @ 6:00 BX
B. CERVIX @ 8:00 BX
C. ECC

DIAGNOSIS:

- A. CERVIX, BIOPSY AT 6:00: ACTIVE CHRONIC CERVICITIS WITH REACTIVE EPITHELIAL CHANGES.
- B. CERVIX, BIOPSY AT 8:00: SEVERE SQUAMOUS DYSPLASIA (CIN 3).
- C. ENDOCERVIX, CURETTINGS: MUCUS AND SCANT INFLAMED ENDOCERVICAL MUCOSA WITHOUT DIAGNOSTIC FEATURES OF DYSPLASIA.

NOTE: The patient is status post review of cervical cytology in February 2014 that showed atypical squamous cells, cannot exclude HGSIL (ASC-H). The previous cervical cytology, TPC-14-03097, is concurrently reviewed.

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