

# CYTOLOGY REPORT

Name/ID:

Date:

Medical history:

## 1. DOES THE SLIDE CONTAIN INTACT CELLS FROM THE TARGET TISSUE?

(LOW MAGNIFICATION 100x–200x)

- a) **Technical aspects and quality** (site of collection, preparation technique, staining, semi-quantitative scale from 1 = unacceptable to 5 = excellent)
- b) **Cell density** (low, moderate, high)
- c) **Cell distribution** (% single cells, % cell clusters)
- d) **Representative fields of view** (yes/no)
- e) **Percentage of cell types present** (% erythrocytes, % round cells, % epithelial cells, % connective tissue cells)

## 2. DOES THE SLIDE CONTAIN MICROBIAL, PARASITIC OR NON-VITAL STRUCTURES?

(HIGH MAGNIFICATION, 400x – 1000x)

- a) **Microbial structures** (bacterial, fungal, viral, parasitic, other)
- b) **Non-vital structures** (e.g. urate/cholesterol crystals, amyloid, fat, pigments, others)

## 3. ARE THERE SIGNS OF INFLAMMATION, HEMORRHAGE, DEGENERATION OR NEOPLASIA?

(HIGH MAGNIFICATION, 400x – 1000x)

- a) **Inflammation** (heterophilic – mixed-cell – granulomatous – eosinophilic – lymphoplasmacytic)
- b) **Acute/chronic haemorrhage** (erythrophagocytosis, haemosiderin, haematoidin)
- c) **Degeneration/necrosis** (atypical cytoplasmic vacuolisation, cytolysis, karyorhexis, -pyknosis, -lysis)
- d) **Signs of malignancy** (mild/moderate/severe, cellular/cytoplasmic/nuclear signs, >3 signs per cell yes/no)

## 4. CYTOLOGICAL DIAGNOSES AND DIFFERENTIAL DIAGNOSIS

## 5. RECOMMENDED FURTHER DIAGNOSTIC INVESTIGATIONS

SIGNATURE: