



SOUTHEASTERN PATHOLOGY ASSOCIATES
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Physician/Client Information		Patient Information	
Default Practice		Name: DEFAULT PATIENT	
Default Physician		DOB: 00//00/0000 Age: 00 Sex: M/F	
Default Address		Phone #: (000) 000-0000	
Default City, State Zip		Ex MR#: 00000	
Phone: (000) 000-0000		Ex Acc #: 0000000	
Fax: (000) 000-0000		Accession #: HS00-00000	
Collected: 00/00/0000 00:00 PM	Received: 00/00/0000 00:00 PM	Reported: 00/00/0000 00:00 AM	Report Status: Final

CYTOPATHOLOGY SERVICE

DIAGNOSTIC CATEGORY:

URINE VOIDED - BENIGN

SPECIMEN ADEQUACY:

URINE VOIDED - ADEQUATE FOR EVALUATION BUT LIMITED BY CELLULAR DEGENERATION

DIAGNOSIS:

URINE VOIDED (MONOLAYER SLIDE EVALUATION):

- UROTHELIAL CELLS
- NUMEROUS SQUAMOUS CELLS
- SEVERAL MIXED GRANULAR/EPITHELIAL CASTS

Interpretation Comment:

In all cytology cases; The diagnostic opinion rendered by the Pathologist must be interpreted in the context of both the clinical and imaging findings. If this "triple test" is discordant, this should be discussed with the reporting Pathologist and consideration should be given to obtaining additional sampling or an open tissue biopsy for histologic examination prior to any definitive therapy.

Clinical History

Hematuria

Specimen Description:

A. Specimen designated "voided urine ".
 Specimen consists of 60 ml of yellow clear fluid received in Cytolyt. The entire specimen is submitted for processing.
 1 ThinPrep slide is prepared for evaluation.

CPT Codes: 88112

Electronically Signed 00/000000 00:00 AM/PM
 Carolyn Kinzer-Bezanson MD