NEBRASKA REPRODUCTIVE HEALTH PROGRAM

PAP SMEAR REPORT FORM

Reporting Period: January 1, 20_07__ to December 31, 20_07_

Subgrantee: NEBRASKA REPRODUCTIVE HEALTH PROGRAM

	Neg for intraepithelial lesion or malignancy	ASC, LSIL, CIN 1	HSIL, CIN 2, CIN 3, AGC	AIS	Unsatisfactory	TOTAL PAP SMEARS
Unknown	0	0	0	0	0	**0**
Below 15	72	3	0	0	1	**76**
15 – 19	2967	435	3	0	20	**3425**
20 – 24	6409	919	24	0	48	**7400**
25 – 29	3969	403	13	0	45	**4430**
30 – 34	2247	150	11	0	21	**2429**
35 +	3636	182	22	0	55	**3895**
TOTAL	**19300**	**2092**	**73**	**0**	**190**	**21655**

CIN: Cervical intraepithelial neoplasia
AGC: Atypical glandular cells
AIS: Endocervical adenocarcinoma in situ
ASC: Atypical squamous cells
LSIL: Low grade squamous intraepithelial lesion
HSIL: High grade squamous intraepithelial lesion