

Supplementary Figure 1: Criteria for assessing cellularity, adequacy, amount of blood and contamination

Criteria for assessing cellularity, adequacy, contamination and amount of blood

Site ID: _____
Patient ID # _____

| Parameter | Description |
|--|---|
| <u>Cellularity</u> A. % area of slide that contains cells of the representative lesion B. Number of cells per slide | <input type="checkbox"/> No representative cells present <input type="checkbox"/> Representative cells present in < 25% of the slides <input type="checkbox"/> Representative cells present in 25-50 % of the slides <input type="checkbox"/> Representative cells present in > 50 % of the slides <input type="checkbox"/> Fair - < 100 cells/slide <input type="checkbox"/> Good - 100 -1000 cells/slide <input type="checkbox"/> Excellent - >1000 cells/slide |
| <u>Adequacy of specimen</u> | <input type="checkbox"/> Inadequate <input type="checkbox"/> Adequate |
| <u>Contamination</u> % area of slide that represents gastrointestinal Contamination | <input type="checkbox"/> No contaminations seen <input type="checkbox"/> Contamination present in < 25% of the slide <input type="checkbox"/> Contamination present in 25-50% of the slide <input type="checkbox"/> Contamination present in >50% of the slide |
| <u>Amount of blood</u> | <input type="checkbox"/> Minimal <input type="checkbox"/> Moderate <input type="checkbox"/> Significant |
| <u>Diagnosis</u> | <input type="checkbox"/> Benign <input type="checkbox"/> Atypical <input type="checkbox"/> Suspicious for malignancy <input type="checkbox"/> Malignancy <input type="checkbox"/> Inadequate for reporting |

Total time to review slides: _____

Slide Number at which diagnosis is made: _____

Cytopathologist : _____ Signature: _____ Date: _____