

[illegible][illegible][illegible]

2000 N Boise Avenue  
Loveland, CO 80538

[illegible]

2500 Rocky Mountain Avenue  
Loveland, CO 80538

[illegible]

1024 South Lemay Avenue  
Fort Collins, CO 80524

[illegible]

6767 W 29th Street  
Greeley, CO 80634

[illegible]

**Ivinson Memorial Hospital**

255 N 30th Street  
Laramie, WY 82072

| Facility (Result ID prefix) | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total |
|-----------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| IMH (IC)                    | 8   | 12  | 11  | -   | -   | -   | -   | -   | -   | -   | -   | -   | 31    |
| Year to date                | -   | -   | -   | -   | -   | -   | -   | -   | -   | -   | -   | -   | 31    |

**Summit Pathology Cheyenne**

2301 House Avenue, Suite 108  
Cheyenne, WY 82001

| Facility (Result ID prefix) | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total |
|-----------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| CRMC (CRC)                  | 27  | 28  | 32  | -   | -   | -   | -   | -   | -   | -   | -   | -   | 87    |
| KHS (KNC)                   | 0   | 1   | 2   | -   | -   | -   | -   | -   | -   | -   | -   | -   | 3     |
| PCMH (BPC)                  | 2   | 1   | 0   | -   | -   | -   | -   | -   | -   | -   | -   | -   | 3     |
| RAWLINS (RWC)               | 2   | 5   | 3   | -   | -   | -   | -   | -   | -   | -   | -   | -   | 10    |
| SPWY (OCW)                  | 25  | 23  | 28  | -   | -   | -   | -   | -   | -   | -   | -   | -   | 76    |
| TORRINGTON (TCC)            | 0   | 1   | 3   | -   | -   | -   | -   | -   | -   | -   | -   | -   | 4     |
| WY VA (VAC)                 | 4   | 4   | 8   | -   | -   | -   | -   | -   | -   | -   | -   | -   | 16    |
| Year to date                | -   | -   | -   | -   | -   | -   | -   | -   | -   | -   | -   | -   | 199   |

**Cytology Director :** \_\_\_\_\_**Date:** \_\_\_\_\_**Medical Director :** \_\_\_\_\_**Date:** \_\_\_\_\_