

Cervical Cancer Screening Lab Requisition Form

Note: Samples must be properly labeled with the patient's surname and date of birth or sample will be rejected.
 Requisition sections in red are required information, please complete form appropriately or sample may be rejected.
Reports are sent to Follow-up Practitioners. If other providers require a copy, please complete the 'Copy to' field.

| | | | |
|--|---|---|-------------------------------|
| Patient PHN | Patient DOB (dd/mmm/yyyy) | Follow-up Practitioner/Clinic MSC, Name, Address | |
| Patient Last Name | Patient First Name & Initials | | |
| Gender Female Male Other: | | Sample Provider MSC & Name | locum RN ND |
| Sample Date (dd/mmm/yyyy) | LMP Date (dd/mmm/yyyy) | | |
| | | Copy to MSC & Name | Copy to MSC & Name |
| SAMPLE SITE: Cervix/Endocervix Vaginal vault/Wall | REASON FOR TEST: Asymptomatic screening Clinical abnormality Abnormal bleeding Suspicious lesion Follow-up for ASCUS/LSIL Treatment follow-up | HISTORY OF HISTOLOGICALLY PROVEN HIGH GRADE CERVICAL ABNORMALITY: <u>Within 5 years</u> Invasive cervical carcinoma CIN2, CIN3, HSIL (by histology) <u>More than 5 years ago</u> Invasive cervical carcinoma CIN2, CIN3, HSIL (by histology) AIS (Adenocarcinoma in situ) | |
| COLLECTION METHOD: Spatula Brush Broom | CLINICAL INFORMATION: Immunocompromised Pregnant Post partum Post menopausal IUD Oral contraceptive pill Estrogen Progesterone HPV immunization Pelvic radiation | Total hysterectomy (cervix removed) Date: Pathology number: <input type="checkbox"/> No cervical abnormality <input type="checkbox"/> CIN2, CIN3, HSIL (by histology) <input type="checkbox"/> AIS (Adenocarcinoma in situ) <input type="checkbox"/> Invasive cervical carcinoma <input type="checkbox"/> Endometrial carcinoma | |
| CLINICAL COMMENTS: | | | |
| DELIVER SAMPLES TO: Cervical Cancer Screening Laboratory 655 West 12 th Avenue Vancouver, BC V5Z 4R4 | CONTACT: (T): 1-877-747-2522 (1-877-PHSA-LAB) (F): 604-707-2809 Supplies (F): 604-707-2606 | LAB USE ONLY: | |