

# 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.**

<b>Patient PHN</b>	<b>Patient DOB (dd/mmm/yyyy)</b>	<b>Follow-up Practitioner/Clinic MSC, Name, Address</b>	
<b>Patient Last Name</b>	<b>Patient First Name &amp; Initials</b>		
<b>Gender</b> Female Male    Other:		<b>Sample Provider MSC &amp; Name</b>	locum RN ND
<b>Sample Date (dd/mmm/yyyy)</b>	<b>LMP Date (dd/mmm/yyyy)</b>		
		<b>Copy to MSC &amp; Name</b>	<b>Copy to MSC &amp; Name</b>
<b>SAMPLE SITE:</b>  Cervix/Endocervix Vaginal vault/Wall	<b>REASON FOR TEST:</b>  Asymptomatic screening Clinical abnormality Abnormal bleeding Suspicious lesion Follow-up for ASCUS/LSIL Treatment follow-up HPV (non 16/18) Positive follow-up HPV (16/18) Positive follow-up	<b>HISTORY OF HISTOLOGICALLY PROVEN HIGH GRADE CERVICAL ABNORMALITY:</b>  <b><u>Within 5 years</u></b> Invasive cervical carcinoma CIN2, CIN3, HSIL (by histology) <b><u>More than 5 years ago</u></b> Invasive cervical carcinoma CIN2, CIN3, HSIL (by histology) AIS (Adenocarcinoma in situ)	
<b>COLLECTION METHOD:</b>  Spatula Brush Broom	<b>CLINICAL INFORMATION:</b>  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	
<b>CLINICAL COMMENTS:</b>			
<b>DELIVER SAMPLES TO:</b>  Cervical Cancer Screening Laboratory 655 West 12 <sup>th</sup> Avenue Vancouver, BC V5Z 4R4	<b>CONTACT:</b>  (T): 1-877-747-2522 (1-877-PHSA-LAB) (F): 604-707-2809  Supplies (F): 604-707-2606	<b>LAB USE ONLY:</b>	