BC Cancer Agency
CARE + RESEARCH
An agency of the Provincial Health Services Authority

Gynecological Cytology Requisition Form

Provincial Health Services Authority
Province-wide solutions. Better health.

Note: Pap samples must be 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.
Please see reverse for more detailed instructions.

Reports are sent to follow-up practitioners. If other providers require copies, please complete the 'Copy to' field (MSC # & Name needed).

Patient PHN	**Patient DOB (dd/mm/yyyy)**	**Sample Provider MSC # and Name** ☐ copy of report requested ☐ locum for:
Patient Last Name	**Patient First Name & Initials**	**Follow-up Practitioner / Clinic MSC #, Name and Address** ***Responsible for Follow-up**
Patient Previous Last Name	Cytology Lab ID	
Sample Date (dd/mm/yyyy)	**LMP Date (dd/mm/yyyy)**	Copy to MSC # & Name / Copy to MSC # & Name — pls provide address if clinician practices in multiple offices
HPV Vaccination ☐ No ☐ Yes		

SAMPLE SITE:
- ☐ Cervix/endocervix
- ☐ Vagina vault/wall

COLLECTION METHOD:
- ☐ Brush
- ☐ Broom Device
- ☐ Spatula

CLINICAL INFORMATION:
- ☐ Abnormal Bleeding
- ☐ Suspicious Lesion
- ☐ Using IUD
- ☐ Post Menopausal
- ☐ Pregnant
- ☐ Post Partum

HORMONAL THERAPY:
- ☐ Estrogen
- ☐ Progesterone
- ☐ Other

PATIENT IS:
- ☐ Immunocompromised

UTERINE PROCEDURES:
- ☐ Colposcopy
- ☐ Bite Biopsy
- ☐ Cone Biopsy
- ☐ LEEP
- ☐ Cryotherapy
- ☐ Laser
- ☐ Pelvic Radiation
- ☐ Subtotal Hysterectomy (Cervix remains)
- ☐ Total Hysterectomy (Uterus and Cervix removed)

Date of Hysterectomy (yyyy) ______

Hysterectomy Reason:
- ☐ Benign
- ☐ Malignant (Cervix)
- ☐ Malignant (Other)

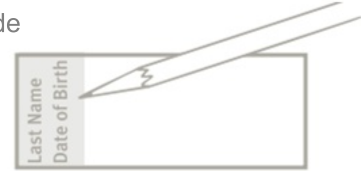
CLINICAL COMMENTS (please print clearly)

DELIVER SAMPLES TO	CONTACT	LABORATORY USE ONLY
Cervical Cancer Screening Laboratory Central Processing and Receiving 655 West 12th Avenue Vancouver, BC V5Z 4R4	Telephone: 1-877-747-2522 (1-877-PHSA Lab) Fax: (604) 707-2809 Supplies: fax (604) 707-2606	

LABORATORY USE ONLY
- ☐ Patient demographics
- ☐ Physician information
- ☐ Clinical information

Sample Label Requirements

- Use a HB pencil to print the woman's surname and DOB on frosted end of slide
- Include at minimum the first 7 letters if the surname has more than 7 letters
- The name and DOB must be easy to read, written correctly and match the name and DOB on the requisition
- DOB (dd/mm/yyyy) must match DOB registered with Medical Services Plan



Deficiency Criteria for Sample Rejection

- Lack of surname or DOB on the slide
- Writing in pen on slide, or use of stickers, labels, tape with patient demographics on the slide
- Discrepant labelling of surname or DOB
- Samples not accompanied by an appropriate requisition form
- Samples that exceed a 6-month time period between sampling date and received date
- Broken slides that cannot be reconstructed or have insufficient sample material

Protocols for Cervical Cancer Screening

		Recommendation	Screening Test	Screening Interval	Balance of Screening Harms and Benefits
Average Risk	Age 25-69	Screen	Cytology	3 years	Benefits outweigh harms
	Never had sexual contact*	Do not screen	No test	N/A	Harms outweigh benefits
	Have received the HPV vaccine	Screen	Cytology	3 years	Benefits outweigh harms
	In same sex relationship	Screen	Cytology	3 years	Benefits outweigh harms
	Transgender with a cervix	Screen	Cytology	3 years	Benefits outweigh harms
	After total hysterectomy†	Do not screen	No test	N/A	Harms outweigh benefits
	Age < 25	Do not screen	No test	N/A	Harms outweigh benefits
	Age > 69‡	Do not screen	No test	N/A	Harms outweigh benefits
Higher than Average Risk	Immunocompromised women§	Screen	Cytology	Annual	Benefits outweigh harms
	History of pre-cancerous lesions or cervical cancer	Screen	Cytology	Please see section on Screening Recommendation for Individuals at High Risk of Developing Cervical Cancer	Benefits outweigh harms

*Sexual contact includes intercourse as well as digital or oral sexual contact involving the genital area of a partner of either gender.

Including removal of cervix, with no history of pre-cancerous lesions or cervical cancer.

‡Provided there are 3 negative tests in preceding 10 years and no high risk criteria

§Immunocompromised includes those diagnosed with human immunodeficiency virus (HIV/AIDS), lymphoproliferative disorders, an organ transplant, and those under long-term immunosuppression therapy

For more information please refer to the BCCA Cervical Cancer Screening Program Office Manual for Health Care Providers