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

Gynecological Requisition Form
HPV FOCAL Study

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

Complete and proper labelling of the specimen and requisition are required for timely and quality patient care.
Sections in red are required information

Practitioner MSC #	**Practitioner Name**	**Practitioner Address**
Practitioner / Clinic MSC # Responsible for Follow-up Reminder		

Patient PHN	**Patient DOB (dd/mm/yyyy)**	Copy to MSC # & Name	Copy to MSC # & Name

Patient Last Name	**Patient First Name & Initials**	Patient Previous Last Name	Cytology Lab ID

Smear Date (dd/mm/yyyy)	**LMP Date (dd/mm/yyyy)**	**HPV Vaccination** ☐ No ☐ Yes

SMEAR SITE:

☐ Cervix

☐ Endocervix

STUDY VISIT:

☐ Initial Screening Visit

☐ Follow-up / Exit Visit

CLINICAL INFORMATION:

☐ Suspicious Lesion - **Immediate Referral to VGH Colpo Clinic**

☐ Abnormal Bleeding ☐ Using IUD

☐ Post Menopausal ☐ Post Partum ☐ Pregnant

Hormonal Therapy (Tick all that apply)

☐ Estrogen ☐ Progesterone ☐ Other

UTERINE PROCEDURE:

☐ Colposcopy

Date of Colposcopy (yyyy)

Collection Method:

☐ Please Tick to Confirm Broom Device Used

CLINICAL COMMENTS

DELIVER SAMPLES TO	**CONTACT**	**LABORATORY USE ONLY**
Cervical Cancer Screening Laboratory Central Processing and Receiving 655 West 12th Avenue Vancouver, BC V5Z 4R4	HPV FOCAL Study Centre Telephone: (604) 707-5955 Fax: (604) 660-3645 Supplies: please fax order to (604) 660-3645	Primary Sample Received ☐ Yes ☐ No Secondary Sample Received ☐ Yes ☐ No

LABORATORY USE ONLY - RANDOMIZATION LABEL