Unilabs

Gynae Cytology

PLEASE PRINT CLEARLY

9344

Referring site		Patient's Surname
Nature of specimens		Title and Forename
		Date of Birth /Sex
		Hospital No.
		Consultant's Name(s)
Billing details	Clinical details/Previous history	Date and Time of Specimen
Insurance		**GYNAECOLOGICAL CYTOLOGY** **THINPREP™ (TP) VIAL Test Selection**
Patient Address		☐ Routine HPV test automatically reflexing to ThinPrep™ smear if positive ***(GYN3)*** ☐ Gold Standard Test comprising: ThinPrep™ Smear, routine HPV & Chlamydia ***(GYN5)*** ☐ Other ☐ Sexual Health Profile ***(GYN6)*** ☐ HPV Full subtyping ***(HPV20)*** ☐ Chlamydia ***(GYN4)*** ☐ Gonorrhoea ***(TGON)*** LMP _____ Last Smear Test_____
Consultant Signature		☐ Routine Screen ☐ Post menopause ☐ HRT ☐ Hysterectomy ☐ Post Natal ☐ IUCD ☐ Suspicious Cervix ☐ Cervicitis/Erosion ☐ Colposcopy