

# Lab form for HPV/cytology and/or histology samples

<b>Personal details</b>		<b>Urgent test results</b>	
NHI		For urgent results provide contact name and phone number	
Family name		Name	
Given names		Phone	
Preferred name		<b>Laboratory identifiers (Lab to complete)</b>	
Date of birth	dd mm yyyy	Date received by Lab dd mm yyyy	
Address		<b>Requestor details</b>	
Phone		Name of clinician responsible for test results	
Email address		Clinician Health Provider Index (HPI)	
<b>Personal details continued</b>		Health Facility Name	
Is this person eligible for publicly funded health services?		Health Facility Health Provider Index (HPI)	
<input type="radio"/> Yes	<input type="radio"/> No (provide details of who should be billed below)	Additional copy of results to	
		Date taken dd mm yyyy	
<b>Clinical presentation</b>		<b>For gynaecologists, colposcopists and oncologists only</b>	
<input type="radio"/> No symptoms	<input type="radio"/> Postmenopausal bleeding	Sample taken during a colposcopy? <input type="radio"/> Yes <input type="radio"/> No	
<input type="radio"/> Abnormal bleeding	<input type="radio"/> Other (enter below)		
<input type="radio"/> Postcoital bleeding			
<input type="radio"/> Abnormal cervix			
<b>Immune status</b>		<b>Histology site</b>	
Immune deficient? <input type="radio"/> Yes <input type="radio"/> No			
<b>History</b>		<b>Histology specimen type</b>	
LMP dd mm yyyy		<input type="radio"/> IUCD	<input type="radio"/> Sub-total hysterectomy
<input type="radio"/> Total hysterectomy		<input type="radio"/> Pregnant	<input type="radio"/> Other (enter below)
<input type="radio"/> Sub-total hysterectomy		<input type="radio"/> Post-partum (<3 months post-delivery)	
<input type="radio"/> Postmenopausal		<input type="radio"/> Breast feeding	
<input type="radio"/> HRT		<input type="radio"/> Genital infection	
<input type="radio"/> Using oral contraceptives - combined		<input type="radio"/> Radiation therapy	
<input type="radio"/> Using oral contraceptives - progesterone only		<input type="radio"/> Pessary	
<input type="radio"/> Using Depo Provera		<input type="radio"/> Other (enter below)	