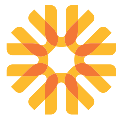

Unilabs

IHS

The Bishopswood Hospital Cytology

Accredited Medical Laboratory
Reference No. 2380

PLEASE PRINT CLEARLY

Room No. or Dept	Patient's Surname
	Title and Other Names
Nature of Specimens	Date of Birth /Sex
	Hospital No.
	Consultant's Name(s)
	Date

Clinical Details

Previous Histology/Cytology No. (if relevant)

GYNAECOLOGICAL CYTOLOGY

GOLD STANDARD

- ☐ THIN PREP™ PAP, HIGH RISK HPV CHLAMYDIA COMBINATION
- ☐ THIN PREP™ PAP HIGH RISK HPV COMBINATION
- ☐ THIN PREP™ PAP
- ☐ HIGH RISK HPV
- ☐ GONORRHEA (THIN PREP™)
- ☐ CHLAMYDIA (THIN PREP™)

LMP__________ Last Smear Test __________

☐ Menopause	☐ Hysterectomy	☐ Irregular Bleeding
☐ Post Menopause	☐ IUCD	☐ Discharge
☐ Pregnant	☐ HRT	☐ Erosion/Cervicitis
☐ Post Natal	☐ O/C	☐ Suspicious Cervix

NB: PMI rates will apply unless otherwise stated.

LABORATORY USE ONLY	
A.	
B.	
C.	
D.	
E.	
F.	
G.	

OTHERS: ENTER CODE

Consultant's Signature

Date/Time of specimen