



**Unilabs**

IHS

Clementine Churchill Hospital  
Health Screening



Accredited Medical  
Laboratory  
Reference No. 2380

Room No. or Dept	Patient's Surname		
Nature of Specimens	Title and Other Names		
	Date of Birth	Tel No.	
	Hospital No.		
	Consultant's Name(s)	Sex	
Clinical Details	<p><b>GYNAECOLOGICAL CYTOLOGY</b></p> <p><b>GOLD STANDARD</b></p> <p><input type="checkbox"/> <b>THIN PREP™ PAP, HIGH RISK HPV CHLAMYDIA COMBINATION</b></p> <p><input type="checkbox"/> <b>THIN PREP™ PAP HIGH RISK HPV COMBINATION</b></p> <p>One THIN PREP™ sample can be used for four tests simultaneously. They are priced individually.</p> <p>LMP _____ Last Smear Test _____</p> <p><input type="checkbox"/> Menopause      <input type="checkbox"/> Hysterectomy      <input type="checkbox"/> Irregular Bleeding</p> <p><input type="checkbox"/> Post Menopause      <input type="checkbox"/> IUCD      <input type="checkbox"/> Discharge</p> <p><input type="checkbox"/> Pregnant      <input type="checkbox"/> HRT      <input type="checkbox"/> Erosion/Cervicitis</p> <p><input type="checkbox"/> Post Natal      <input type="checkbox"/> O/C      <input type="checkbox"/> Suspicious Cervix</p>		IHS Cytology No.
	Previous Histology/Cytology No. (if relevant)	Consultant's Signature	Provider if not Capio
		Date/Time of Specimen	