



**Unilabs**

IHS

The Garden Hospital  
Cytology



Accredited Medical  
Laboratory  
Reference No. 2380

PLEASE PRINT CLEARLY

Room No. or Dept	Patient's Surname													
	Nature of Specimens	Title and Other Names												
		Date of Birth												
		Hospital No.												
		Consultant's Name(s)												
Date/Time of Specimen													Sex	
Clinical Details	<p><b>GYNAECOLOGICAL CYTOLOGY</b></p> <p>THINPREP™ (TP) VIAL <input type="checkbox"/> TP™ PAP <input type="checkbox"/> CHLAMYDIA <input type="checkbox"/> URINE (cobas® PCR media) <input type="checkbox"/> CHLAMYDIA <input type="checkbox"/> NON GYNAECOLOGICAL CYTOLOGY <input type="checkbox"/> Urine <input type="checkbox"/></p> <p><input type="checkbox"/> Gold Standard TP™ PAP, cobas® HPV*, cobas® Chlamydia <input type="checkbox"/> cobas® HPV* <input type="checkbox"/> GONORRHOEA <input type="checkbox"/> GONORRHOEA <input type="checkbox"/> Fluid <input type="checkbox"/></p> <p><input type="checkbox"/> TP™ PAP, cobas® HPV* COMBINATION <input type="checkbox"/> cobas® CHLAMYDIA <input type="checkbox"/> SWAB (cobas® PCR media) <input type="checkbox"/> CHLAMYDIA <input type="checkbox"/> FNA <input type="checkbox"/></p> <p><input type="checkbox"/> HPV FULL SUBTYPING <input type="checkbox"/> GONORRHOEA <input type="checkbox"/> GONORRHOEA <input type="checkbox"/> Other <input type="checkbox"/></p> <p><small>*High risk panel plus 16 &amp; 18 genotyping</small></p>													
	<input type="checkbox"/> 360 degree sweep (please tick) <input type="checkbox"/> Cervix visualised (please tick) <input type="checkbox"/> Digital Pathology Image (please tick)	<p>LMP _____ Last Smear Test _____</p> <p><input type="checkbox"/> Menopause <input type="checkbox"/> Post Natal <input type="checkbox"/> HRT <input type="checkbox"/> Discharge</p> <p><input type="checkbox"/> Post Menopause <input type="checkbox"/> Hysterectomy <input type="checkbox"/> O/C <input type="checkbox"/> Erosion/Cervicitis</p> <p><input type="checkbox"/> Pregnant <input type="checkbox"/> IUCD <input type="checkbox"/> Irregular Bleeding <input type="checkbox"/> Suspicious Cervix</p>												
Previous Histology/Cytology No. (if relevant)														
Consultant's Signature	Date													