Unilabs
IHS

# The Cromwell Hospital Cytology

CPA
Accredited Medical Laboratory
Reference No. 2380

PLEASE PRINT CLEARLY

Room No. or Dept

Nature of Specimens

Patient's Surname

Title and Other Names

Date of Birth

Hospital No.

Consultant's Name(s)

Date/Time of Specimen

Sex

Clinical Details

**GYNAECOLOGICAL CYTOLOGY**

THINPREP™ (TP) VIAL

- ☐ Gold Standard TP™ PAP, cobas® HPV*, cobas® Chlamydia
- ☐ TP™ PAP, cobas® HPV* COMBINATION
- ☐ HPV FULL SUBTYPING
- ☐ TP™ PAP
- ☐ cobas® HPV*
- ☐ cobas® CHLAMYDIA
- ☐ GONORRHOEA

*High risk panel plus 16 & 18 genotyping

**URINE (cobas® PCR media)**

- ☐ CHLAMYDIA
- ☐ GONORRHOEA

**SWAB (cobas® PCR media)**

- ☐ CHLAMYDIA
- ☐ GONORRHOEA

**NON GYNAECOLOGICAL CYTOLOGY**

- ☐ Urine
- ☐ Fluid
- ☐ FNA
- ☐ Other

- ☐ 360 degree sweep (please tick)
- ☐ Cervix visualised (please tick)
- ☐ Digital Pathology Image (please tick)

Previous Histology/Cytology No. (if relevant)

LMP _____ Last Smear Test _____

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

Consultant's Signature

Date

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