Unilabs
IHS

The Hospital of St John and St Elizabeth
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 Natal	☐ HRT	☐ Discharge
☐ Post Menopause	☐ Hysterectomy	☐ O/C	☐ Erosion/Cervicitis
☐ Pregnant	☐ IUCD	☐ Irregular Bleeding	☐ Suspicious Cervix

Consultant's Signature

Date

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