

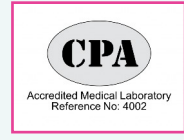
Place addressograph here where available:

Surname: _____
Forename: _____
DOB / SEX: _____ / _____
Hospital Number: _____
Consultant Name: _____

Private Patient

NHS Patient

- Inpatient - IP
- Outpatient - OPD
- Day Case - DCU
- MPU
- Endoscopy
- X-Ray



Laboratory Use Only

CLINICAL DETAILS FOR EACH SPECIMEN

**Urgent Case,
Result Required**
BY: _____ / _____

Gynaecology Test Ordering

- Cervical Smear** (Thin-Prep Hologic Liquid Based Cytology LBC)
- Additional testing from the Hologic Thin-Prep vial**
- HPV** (Routine Human Papilloma Virus Testing)
- HPV20** (20 HPV DNA Subtypes)
- HPVT** (HPV20 with reflex mRNA for E6/E7 oncotype)
- TPCR** (Chlamydia PCR)
- TGON** (Gonorrhoea PCR)
- TCG** (Chlamydia & Gonorrhoea PCR)
- 7STD** (7 microorganisms from PCR, Chlamydia, Gonorrhoea, Mycoplasma, Ureaplasma, Gardnella, Trichomonas, Herpes HSV I&II)
- Other Gynae Associated Testing**
- HVS** (High Vaginal Swab)
- Other** (state requirements)

Gynaecology Clinical Information

LMP (Last Menstrual Period) _____ / _____ / _____

Last Cervical Smear (date) _____ / _____ / _____

Place of last Cervical Smear _____

Last Cervical Smear Case Number _____

Previous Abnormal History? _____

Previous HPV Testing Result _____

Additional Details for Gynae Specimens

- Perimenopausal
- Postmenopausal
- Hysterectomy
- IUCD
- Irregular Bleeding
- Discharge
- Pregnant
- HRT
- Post-Natal
- Erosion/Cervicitis
- Oral Contraceptives
- Suspicious Cervix

SPECIMEN DETAILS (Multiples use A, B, C...)

Gross photo

Microscopic photo

Useful Information

Contact us: 01923 233299
Out of hours: 07775 44 66 88

Call the Office Team for Specimen collection, results, consumables and administrative enquiries.
Opening hours 9.00am - 5.30pm.
Clinical and out of hours enquiries please contact us at anytime - Call Dr J El-Jabbour on 07879637874 or Dr P Mitra on 07711655294
Out of hours: For all out of hours enquiries regarding results, courier and consumables call **07775 44 66 88**
Our online e-PathSys results service is available 24/7 via www.cellularpathologyservices.co.uk. For further details contact us.

Consultant Signature _____ Sample Date _____ / _____ / _____ Sample Time _____ :

Invoice To:

Hospital Doctor Patient

Insurance

Insurance Company: _____

Membership Number: _____

Authorisation Number: _____

Histology & Cytology Medical Laboratory Testing

Unit 12, Orbital 25 Business Park,
Dwight Road, Tolpits Lane,
Watford, Hertfordshire, WD18 9DA

Telephone: 01923 233299
Fax: 01923 233296

www.cellularpathologyservices.co.uk

CPA Accredited: 4002
CQC Registered ID: 1-240465912

Cellular Pathology Services use only below this line:

Laboratory Use:					Pathologist Use:				Charges:				
BI	MAC	MIC	DISP	EM	Path 1	Path 2	BCC	Non BCC	Charge ID	Charge Description	Code	Qty	Initials
									1				
Approved by:					Date:				2				
									3				