

Place addressograph here where available:

Surname: _____
Forename: _____
DOB / SEX: _____ / Male - Female
Hospital Number: _____
Consultant Name: _____

Private

NHS

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



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)
- HPV20 (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

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

Gross photo

Microscopic photo

Useful Information

Contact us: 01923 233 299

Out of hours: 07775 44 66 88

Call the Office Team for Specimen collection, results, consumables and administrative enquiries.

Opening hours 9.00am - 6.00pm.

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.

Please tick if the patient does **NOT** agree for slides/blocks to be sent to other histopathologists when it is clinically necessary. If consent to send slides/blocks is not given by the patient (i.e box is not ticked) it must be understood that this may compromise patient's care.

Consultant Signature _____ Sample Date / / Sample Time :

NHS Details:

NHS Number: _____
GP's Name: _____
Practice Name: _____
Practice Address: _____

Histology & Cytology Medical Laboratory Testing

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www.cellularpathologieservices.co.uk

UKAS Ref #: 9685
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				