

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

Primary Screen Testing is now HPV and its variants & NOT PAPT

- HPV HR-HPV mRNA**
If HPV is requested as a single test and is Positive/ Detected, cervical cytology (PAPT) will be carried out from the same vial **without charge**.
- HP20 20 HPV DNA subtypes**
If HP20 is requested as a single test and is Positive/Detected, cervical cytology (PAPT) will be carried out from the same vial **without charge**.
- HPVT Typed DNA/mRNA E6/E7 oncoproteins**
If HPVT is requested as a single test and is Positive/Detected, cervical cytology (PAPT) will be carried out from the same vial **without charge**.
- PAPT Cervical Smear**
A HR-HPV testing will always be carried out if PAPT is requested as a single test. **HPV will be charged**.
- 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 HPV Testing Result
Previous Abnormal History?

Additional Details for Gynae Specimens

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

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

Gross photo
 Microscopic photo

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 ticked) it must be understood that this may compromise patient's care.

Consultant Signature	Sample Date / /	Sample Time :
NHS Details:	Histology & Cytology Medical Laboratory Testing	
NHS Number:	Unit 12, Orbital 25 Business Park, Dwight Road, Tolpits Lane, Watford, Hertfordshire, WD18 9DA	
GP's Name:	Telephone: 01923 233 299	
Practice Name:	Fax: 01923 233 296	
Practice Address:	Email: info@cellpathservices.co.uk	
	www.cellularpathologyservices.co.uk	
	UKAS Ref #: 9685	
	CQC Registered ID: 1-240465912	

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.

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				