

Place addressograph here where available:

Surname: \_\_\_\_\_  
Forename: \_\_\_\_\_  
DOB / SEX: \_\_\_\_\_ / \_\_\_\_\_  
Hospital Number: \_\_\_\_\_  
Consultant Name: \_\_\_\_\_

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

Private Patient

NHS Patient



**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**.
- HPV T **Typed DNA/mRNA E6/E7 oncoproteins**  
If HPV T 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  Postmenopausal  Hysterectomy
- IUUD  Irregular Bleeding  Discharge
- Pregnant  HRT  Post-Natal
- Erosion/Cervicitis  Oral Contraceptives  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 :
<b>Invoice To:</b> <input type="checkbox"/> Hospital <input type="checkbox"/> Doctor <input type="checkbox"/> Patient <input type="checkbox"/> Insurance Insurance Company: Membership Number: Authorisation Number:		
<b>Histology &amp; Cytology Medical Laboratory Testing</b> Unit 12, Orbital 25 Business Park, Dwight Road, Tolpits Lane, Watford, Hertfordshire, WD18 9DA Telephone: 01923 233 299 Email: <a href="mailto:info@cellpathservices.co.uk">info@cellpathservices.co.uk</a> www.cellularpathologyservices.co.uk Opening hours: 9:00am - 6:00pm UKAS Ref #: 9685 CQC Registered ID: 1-240465912		

**Guidance & Useful Information**

- Complete the Histology Request Form (patient demographics, specimen details, invoicing information). Patient details and specimen details must match on request form and specimen pot
  - On completion of procedure, the completed request form and completely labelled specimen pots are placed in specimen bag and left in hospital designated collection area for courier. A copy of the Specimen Manifest should also be completed as a record
  - Hospital to call CPS Office (numbers provided below) to arrange specimen collection. The hospital must advise exact location of where courier needs to collect the samples. CPS Office will arrange courier collection and inform hospital of estimated collection time
  - Courier will arrive at the Hospital to collect samples from confirmed collection area. A copy of Specimen Manifest should also be left for courier to collect
- Contact us: 01923 233 299 | Out of Hours / Office Mobile: 07775446688 / 07741855550**  
 PJPPath - Client Portal is available 24/7 to access clinical results via our website. 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				