



CELLULAR PATHOLOGY REQUEST FORM

Danger of infection: Y / N

Routine

Date report required

Urgent

Laboratory use only

Date of specimen

PATIENT'S DETAILS

Surname

Gender

 M

 F

Forename

DOB

Address

Medical Number

Post code

CLINICIAN'S DETAILS

Surname

Location

Forename

Telephone

CLINICAL DETAILS

Histology/Cytology

Cervical Cytology

Cervix present: Y / N Date of LMP:

Cervix fully visualised: Y / N

360° x 5 sweep taken: Y / N

Routine Recall:

Previous abnormal Cytology/Histology: Please specify

Clinically Indicated: Please specify

SPECIMEN DETAILS

Histology

Cytology

Cervical Cytology

HPV Test

Please specify