



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

☐ If the patient does not consent for their tissue to be used for educational/control purposes, please tick this box.