

CYTOLOGY & HPV TESTING REQUISITION



Laboratory Use Only

Requesting Clinician/Practitioner

Name

Address

Clinician/Practitioner Billing Number

Clinician/Practitioner Phone Number

Patient Chart Number

Health Card Number (HCN)

Version

Sex
 M F

Date of Birth

YYYY | MM | DD

Copy to Clinician(s)/Practitioner(s) (fill in all fields):
Name Billing #

Address

Name Billing #

Address

Province Other Province's Registration Number

Patient Phone Number

Patient Last Name (as per Health Card)

Patient First Name & Middle Names (as per Health Card)

Patient Address (including postal code)

GYNECOLOGIC CYTOLOGY (PAP TEST)

Clinical Indication (check one):

- Pap screening according to Ontario Cervical Screening Guidelines
- Pap for follow-up of a previous abnormal test result (specify below)
- Pap during colposcopic exam
- Patient Pay (none of the above; the patient has been informed that payment to LifeLabs is required.)

Specimen Collection Date: YYYY | MM | DD

Last Menstrual Period (first day): YYYY | MM | DD

Site: Cervical/Endocervical Vaginal Other (specify below)

Cervix: Normal Abnormal (specify below in Clinical History/Remarks)

Clinical Status:

- Pregnancy Post Partum
- Post Menopausal Post Menopausal Bleeding
- IUD Hormone Replacement Therapy
- Irradiation Other (specify below in Clinical History/Remarks)

Hysterectomy: Sub-total (cervix present) Total (no cervix)

NON-GYNECOLOGIC CYTOLOGY

OHIP/Insured Third Party/Uninsured WSIB

Specimen Collection Date: YYYY | MM | DD

----- # of Specimens Submitted ----- # of Slides Submitted

Urine: Voided Catheterized Bladder Wash

Respiratory: Sputum Bronchial Brush Bronchial Wash

Site/Side (if applicable): -----

Fluids: Pleural Peritoneal CSF

Other (specify) -----

Site/Side (if applicable): -----

Thyroid: Left Right
 Cyst Nodule Single Multiple

Breast: Left Right
 Cyst fluid FNA of Mass Nipple Discharge

Fine Needle Aspiration Biopsy: Left Right
 Kidney Salivary Gland Lung
 Liver Lymph Node (specify) Pancreas
 Other (specify): -----

Other Site (specify)

Clinical History/Remarks:

Inadequate clinical information may hinder diagnosis. For accurate and timely cytologic diagnosis, provide all information required.

HPV TESTING

HPV testing can be ordered, at the patient's request, on the same sample that is submitted for a Pap test
HPV testing can be useful in the management of women over the age of 30. HPV testing under the age of 30 is not recommended.

HPV testing is not currently funded by the MOH. An invoice will be sent to the patient with instructions on how to make the payment. The patient is responsible to pay the current price as of date of collection. Visit LifeLabs.com/test/hpv-testing/ for pricing

- Reflex HPV test to be done only if ASCUS or LSIL
- HPV and Cytology co-testing on the same SurePath sample
- HPV DNA test only (No cytology to be performed on this SurePath sample)

Specimen Collection Date: YYYY | MM | DD

Physician signature:

By signing I acknowledge that I will be invoiced for, and required to pay the current price to LifeLabs for the HPV test.

Patient signature: