



GYNECOLOGIC CYTOLOGY AND HPV (NON-OCSP)

This requisition should only be used for patients outside of the Ontario Cervical Screening Program

Requesting Clinician/Practitioner Name: _____ Address: _____ Clinician/Practitioner Billing Number: _____		<i>Laboratory Use Only</i>			
Copy to Clinician(s)/Practitioner(s) (fill in all fields) Name: _____ Billing #: _____ Address: _____		Clinician/Practitioner Phone Number		Patient Chart Number	
		Health Card Number (HCN)	Version	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth
		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)			

TEST REQUESTED (CHOOSE ONE)		Clinical History/Remarks
Screening Test <input type="checkbox"/> HPV test (includes reflex cytology if HPV-positive) <input type="checkbox"/> Cytology test only	Colposcopy Test <input type="checkbox"/> Co-test (HPV and cytology) <input type="checkbox"/> HPV test only <input type="checkbox"/> Cytology test only	
Specimen Collection Date: _____ Last Menstrual Period (first day): _____ Site: <input type="checkbox"/> Cervical/Endocervical <input type="checkbox"/> Vaginal <input type="checkbox"/> Other (specify below) _____ Cervix: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal (specify in Clinical History/Remarks) Clinical Status: <input type="checkbox"/> Pregnancy <input type="checkbox"/> Post partum <input type="checkbox"/> Post menopausal <input type="checkbox"/> Post Menopausal Bleeding <input type="checkbox"/> IUD <input type="checkbox"/> Hormone Replacement Therapy <input type="checkbox"/> Other (Specify in Clinical History/Remarks) Hysterectomy: <input type="checkbox"/> Sub-total (cervix present) <input type="checkbox"/> Total (no cervix)		

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

CYTOLOGY & HPV TESTING

Cytology & HPV testing can be ordered, at the patient's request, on the same sample that is submitted for a Pap test.

HPV & Gynecologic Cytology testing is not funded outside of the Ontario Cervical Screening Program. 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.

<p><i>I acknowledge that I have informed my patient that this is a private pay test. The patient will receive an invoice for the cost of the testing with instructions to complete payment.</i></p> <p>Specimen Collection Date: _____</p> <p>Physician Signature: _____</p>	<p><i>By signing, I acknowledge that a payment to LifeLabs is required for the HPV/Cyto test.</i></p> <p>Patient Signature: _____</p>
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