HMR101

WOMAN'S HOSP. REG No.	LABORATORY	NAT. LAB CODE	SLIDE SERIAL NUMBER

WOMAN'S NAME AND ADDRESS

NHS Number :

Name : Previous surname :

Address:

Date of birth :

NAME AND ADDRESS OF SENDER IF NOT GP

Post code :

SOURCE OF SAMPLE

GP	1 [ ]	NHS Colposcopy	7 [ ]
NHS Comm clinic:	2 [ ]	Private.	5 [ ]
GUM Clinic	3 [ ]	Other.	6 [ ]
NHS Hospital	4 [ ]		

REASON

Routine call	1 [ ]
Routine recall	2 [ ]
Previous abnormal test	4 [ ]
Previous inadequate test	5 [ ]
Opportunistic	6 [ ]
Follow-up after treatment	7 [ ]
Other	3 [ ]

SPECIMEN TYPE : CERVICAL SCRAPE :

OTHER :

CONDITION

Pregnant	: 1 [ ]	IUCD Fitted :	3 [ ]
Post natal	: (under 12 weeks)	2 [ ]	
Taking hormones (specify below)		4 [ ]	

NAME AND ADDRESS OF GP

CLINICAL REPORT - Last test date Result /Action

Date of this test

LMP (1st Day) :

GP's national code :

GP's local code :

Practice code :

LOCAL CODES

1	[ ]	4	[ ]
2	[ ]	5	[ ]
3	[ ]	6	[ ]

CLINICAL DATA (including signs and symptoms, previous history of cervical neoplasia and treatment)

Sample taker signature : Sample taker code :

CYTOLOGY REPORT

CYTOLOGICAL PATTERN (Result)

Inadequate specimen	1[ ]
Negative	N/2 [ ]
Borderline changes	B/8 [ ]
Mild dyskaryosis	M/3 [ ]
Moderate dyskaryosis	7 [ ]
Severe dyskaryosis	4 [ ]
?Invasive carcinoma	5 [ ]
?Glandular neoplasia	6 [ ]

INFECTION

Trichomonas	1 [ ]
Candida	2 [ ]
Wart Virus	3 [ ]
Herpes	4 [ ]
Actinomyces	5 [ ]
Other (Specify)	6 [ ]
HPV Positive	9 [ ]
HPV Negative	0 [ ]
HPV Unavailable	U [ ]

MANAGEMENT SUGGESTED (Action)

Normal recall	1 [ ]
Repeat test in __ months	2 [ ]
Colposcopy referral	3 [ ]
Gynaecological referral	4 [ ]
Cancel recall	5 [ ]

Signature :

Date