

HMR101/5

HA :

WOMAN'S HOSP. REG No.	LABORATORY.	NAT. LAB CODE	SLIDE SERIAL NUMBER
WOMAN'S NAME AND ADDRESS NHS Number: Previous surname: Title: Date of birth: Phone number:		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 SENDER IF NOT GP Post code		CLINICAL REPORT - Test date Result/Action Date of this test - - / - - / - - LMP (1 st Day) : - - / - - / - -	
NAME AND ADDRESS OF GP		LOCAL CODES 1..... [] 4..... [] 2..... [] 5..... [] 3..... [] 6..... []	
GP's national code : NHAIS district code : GP's local code :		CLINICAL DATA (including signs and symptoms, previous history of cervical neoplasia and treatment)	
Sample taker signature.....Sample taker code.....			
CYTOLOGY REPORT			
CYTOLOGICAL PATTERN (Result)		HPV INFECTION	
Inadequate specimen 1[] Negative N/2[] B'line change in squamous cells B/8[] B'line change in endocervical cells E/9[] Low grade dyskaryosis M/3[] High grade dyskaryosis (moderate) 7[] High grade dyskaryosis (severe) 4[] High grade dyskaryosis ?Invasive squamous carcinoma 5[] ?Glandular neoplasia of endocervical type 6[] ?Glandular neoplasia (non cervical) G/0[] No cytology test undertaken X[]		HPV Positive 9[] HPV Negative 0[] HPV Unavailable U[] No HPV Test Undertaken Q[] Other (Specify) 6[]	
		MANAGEMENT SUGGESTED (Action) Routine Recall 1[] Repeat cytology in __ months 2[] Standard referral to colposcopy 3[] Urgent referral to colposcopy 4[] Urgent referral to gynaecology 5[] Signature Date - - / - - / - -	



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