

CERVICAL CYTOLOGY REQUEST FORM

Send specimen to:

- Health Sciences Centre Cytology Laboratory**
 820 Sherbrook St (MS337), Winnipeg, MB R3A 1R9
 P: 204-787-1352 F: 204-787-1790
 - Westman Laboratory**
 Unit 1-150 McTavish Ave, E, Brandon, MB R7A 7H8
 P: 204-578-4440 / 1-800-661-5458 Ext. 4467
 F: 204-578-2819
 - St. Boniface Hospital Cytology Laboratory**
 409 Taché, Winnipeg, MB R2H 2A6
 P: 204-237-2504 F: 204-235-3423
- Dynacare**
 830 King Edward St, Ste #100, Winnipeg, MB R2H 0P4
 P: 204-944-0757 F: 204-957-1221

Accession #	Date received (dd/mmm/yyyy)	Specimen collection date (dd/mmm/yyyy)
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PATIENT INFORMATION
* Matching PHIN and first and last name required on vial

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Last name First name

.....

PHIN (or military, other prov/terr #) MB Health #

.....

F M

Date of birth (dd/mmm/yyyy) Gender 3rd party billing

.....

Address

.....

City Prov Postal code

PATIENT HISTORY

.....

Last normal menses (dd/mmm/yyyy) Last Pap test (dd/mmm/yyyy)

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Previous abnormal Pap test (dd/mmm/yyyy)

Pregnant Postpartum _____ (# weeks)

Menopausal Postmenopausal

PREVIOUS TREATMENT:

Colposcopy Laser Cryotherapy LEEP

Knife cone Irradiation Wide local excision

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Date (dd/mmm/yyyy)

HYSTERECTOMY:

Total Subtotal Previous cancer

PRESENT TREATMENT:

Hormonal: HRT OCP IUCD

COMMENTS:

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SPECIMEN PREPARATION:

Liquid based cytology Conventional cytology

INSTRUMENT(S):

Broom Spatula Cytobrush

SOURCE:

Cervix Vagina

SPECIMEN COLLECTOR INFORMATION

.....

Last name First name

.....

CervixCheck/Provider # Bill to (#)

.....

Send report to (street address)

.....

City/Town Prov Postal code

.....

Phone Fax

.....

Copy report to (name)

.....

Address

.....

DESIGNATION:

Physician Nurse practitioner Nurse

Physician assistant Clinical assistant Midwife

Specimen collector should identify themselves on the form as follows:

DESIGNATION	CERVIXCHECK/PROVIDER #:	BILL TO (#):
Clinical assistant	22### (CervixCheck provider #)	Physician or NP billing #
Midwife	M6### (Midwife provider #)	Midwife billing #
RN(NP)	Not applicable	Billing #
RN, RN(AP), RPN	N### (CervixCheck provider #)	Physician or NP billing #
Physician	Not applicable	Billing #
Physician assistant	72### (CervixCheck provider #)	Physician or NP billing #