THE MANCHESTER CYTOLOGY CENTRE

CERVICAL SCREENING REQUEST FORM

NHS

NHS NUMBER	
****PRINT PATIENT DETAILS CLEARLY TO PREVENT ERRORS****	
SURNAME	
FORENAME(S)	
PREVIOUS SURNAME	
DATE OF BIRTH	
Hospital / Clinic Number	

Lab use only	Patient's Address	Post code
	Sender name and full postal address – IF NOT GP – (include ward or clinic etc)	National practice code
	GP name and full postal address	
	Sample taker full name (PRINTED)	
	GMC/NMC number (enter in boxes below)	

Date of test ____/____/____

Date of LMP (1st day) ____/____/____

Previous test date ____/____/____

If no previous test tick box [ ]

Visit our website @ www.mft.nhs.uk

REASON FOR TEST	1 First ever test	4 Prev abnormal test	7 Last test inadequate
	2 Routine recall	5 Follow-up after treatment	8 Opportunistic test
		6 Annual follow-up	9 Other
SAMPLER	1 Cervex-Brush® (Broom)	2 Endocervical sampler	3 Other
SPECIMEN SITE	1 Cervix	2 Vaginal vault (to be taken in colposcopy only)	
CONDITION	1 Pregnant	4 Other hormones (specify)	
	2 Postnatal (< 12 weeks)	5 Oral contraceptives	
	3 IUCD	6 Postmenopausal	
APPEARANCE OF CERVIX	1 Normal	4 Polyps	NOTE: IF THE CERVIX LOOKS ABNORMAL, THIS TEST IS NOT APPROPRIATE
	2 Ectopy	5 Stenosis	
	3 Cervicitis		
HAEMORRHAGE	1 Postcoital bleeding	3 Intermenstrual bleeding	
	2 PMB	4 Irregular bleeding	

TOTAL HYSTERECTOMY i.e. entire cervix has been removed Tick box if yes [ ]

CLINICAL DETAILS – PRINTED CLEARLY Please provide details of previous abnormal cytology, biopsy type & grade. Include treatment if known

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ELECTRONIC (ICE) REQUESTING SHOULD ALWAYS BE USED WHERE POSSIBLE.

IN THE EVENT OF ICE FAILURE, PLEASE USE THE OPEN EXETER HMR101 PRE-POPULATED FORM.

ONLY IN THE EVENT OF COMPLETE IT FAILURE SHOULD A HAND-WRITTEN FORM BE SUBMITTED.