

Cervical Screening Request Form



Manchester University
NHS Foundation Trust

SPECIMEN LABEL

FOR LAB USE ONLY

MANUAL FORM: ***ONLY FOR USE DURING IT FAILURE***

Patient Details	Requester Details
<p>NHS No.: _____ Gender: _____</p> <p>Surname: _____</p> <p>Forename: _____</p> <p>DOB: _____</p> <p>Address: _____</p> <p>Postcode: _____</p>	<p>Sample Taker: _____</p> <p>PIN Number: _____</p> <p>GP/Clinician: _____</p> <p>Source Location: _____</p> <p><i>If a copy report is required, please provide details below</i></p> <p>Copy GP Name: _____</p> <p>National Code: _____</p>

Request Details	Sampling Site	Condition	Cervical Appearance
Date of request: _____	Cervix <input type="checkbox"/>	Pregnant <input type="checkbox"/>	Normal <input type="checkbox"/>
LMP: _____	Vault <input type="checkbox"/>	Post-natal <input type="checkbox"/>	Ectopy <input type="checkbox"/>
Previous test date: _____	Trachelectomy <input type="checkbox"/>	IUCD <input type="checkbox"/>	Cervicitis <input type="checkbox"/>
Reason for Sample	Abnormal Bleeding	Other hormones <input type="checkbox"/>	Polyps <input type="checkbox"/>
Call <input type="checkbox"/> Recall <input type="checkbox"/> Prev. abn. <input type="checkbox"/>	PMB <input type="checkbox"/>	Oral contraceptives <input type="checkbox"/>	Stenosis <input type="checkbox"/>
Post-treatment <input type="checkbox"/> Annual <input type="checkbox"/>	IRB/IMB <input type="checkbox"/>	Post-menopausal <input type="checkbox"/>	Abnormal <input type="checkbox"/>
Previous inad. <input type="checkbox"/> Opportunistic <input type="checkbox"/>	PCB <input type="checkbox"/>	None <input type="checkbox"/>	Unable to visualise <input type="checkbox"/>

Clinical Details:

Signature:

SECTION FOR LABORATORY USE ONLY			
Expiry date of vial:		Unknown – date obscured / unable to be identified <input type="checkbox"/>	
Broom check:	No broom present? <input type="checkbox"/>	Cervex broom present? <input type="checkbox"/>	Broom Removed? <input type="checkbox"/>
	Initials: _____	EndoCx brush present? <input type="checkbox"/>	Initials: _____
Date of receipt:			
History check code:			
Error Code and reason:			
Laboratory comments:			