

CYTOLOGY & HISTOPATHOLOGY (F026)

世圖 婦科細胞化驗中心有限公司
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 Central : 2526 6505 HK Island: 2861 1308
 Causeway Bay: 2891 3738 Kowloon : 2393 6131



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Medlab Consultations Ltd.
 病理學專科醫生
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LAB USE ONLY

LAB NO.

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

2 PATIENT IDENTIFIERS ARE REQUIRED

| | | | | | |
|--------------------------|--------------|--|--------------------|-----------------------------------|-------------|
| Last Name (Surname) 姓 | First Name 名 | I.D. No. 身份証號碼 | D.O.B./Age 出生日期/年齡 | <input type="checkbox"/> Male 男 | Date Taken: |
| | | | | <input type="checkbox"/> Female 女 | Time Taken: |
| Referred By (Billing To) | | <input type="checkbox"/> Pay Cash <input type="checkbox"/> (Otherwise) on A/C | Address | | |

FOR MANAGED CARE PATIENTS ONLY - PLEASE FILL IN

| | | | |
|-----------------|-------------|---|--------------------------|
| Organization | Diagnosis | | |
| Member Card No. | Expiry Date | <input type="checkbox"/> Voucher Attached | Doctor's Signature: |
| | | <input type="checkbox"/> No Voucher | Card Holder's Signature: |

GYNAE CYTOLOGY FOR LAB USE ONLY

| | | |
|---|---|--|
| <input type="checkbox"/> SurePath Pap [H106A] <input type="checkbox"/> ThinPrep Pap [H106T] <input type="checkbox"/> Conventional Pap Smear [H086] | Previous Lab No. (If Any) LMP: Day _____ Month _____ Year _____ | |
| PLUS: <input type="checkbox"/> Same Liquid Vial <input type="checkbox"/> DNA Swab <input type="checkbox"/> HPV DNA Type B <input type="checkbox"/> HPV Type B + Chlamydia DNA <input type="checkbox"/> HPV DNA Type A & B <input type="checkbox"/> HPV Type A & B + Chlamydia DNA <input type="checkbox"/> Chlamydia DNA [R035B/R035F] <input type="checkbox"/> Gonococcus DNA [S083] <input type="checkbox"/> Others | <input type="checkbox"/> Cervical Appearance <input type="checkbox"/> Healthy <input type="checkbox"/> Erosion <input type="checkbox"/> Polyp <input type="checkbox"/> Tumour <input type="checkbox"/> Others _____ <input type="checkbox"/> Abnormal Bleeding <input type="checkbox"/> IUCD In-situ <input type="checkbox"/> On Hormonal Therapy <input type="checkbox"/> Vaginal Discharge <input type="checkbox"/> Pregnant _____ Weeks <input type="checkbox"/> Post-Partum _____ Weeks <input type="checkbox"/> Menopausal _____ Years <input type="checkbox"/> Other Relevant History (If Any) | |

For Plus tests, TAT may be slightly faster if additional DNA swab is taken.

HISTOPATHOLOGY AND NON-GYNAE CYTOLOGY PATH NO.

| | | |
|---|---|---|
| <input type="checkbox"/> Tissue Biopsy [H087] Specimen(s) _____ Surgical Procedure: _____ | Previous Lab No. (If Any) Clinical Summary / Diagnosis | Specimens Received: <input type="checkbox"/> SurePath Vial <input type="checkbox"/> ThinPrep Vial <input type="checkbox"/> Conv. Pap Smear <input type="checkbox"/> DNA Swab <input type="checkbox"/> Tissue in Formalin <input type="checkbox"/> FNA Rinsing Fluid <input type="checkbox"/> Sputum <input type="checkbox"/> Urine <input type="checkbox"/> Others |
| <input type="checkbox"/> FNA Cytology [H112] Site(s) _____ | | |
| <input type="checkbox"/> Body Fluid Cytology [H088] Specimen(s) _____ | | Checked By _____ |