

CYTOLOGY & HISTOPATHOLOGY (F026)

世圖 婦科細胞化驗中心有限公司
CytoLab Pap Test Screening Centre Ltd.
 28/F Lee & Man Commercial Center, 169 Electric Rd., Fortress Hill, HK
 香港炮台山電氣道169號理文商業中心28樓
Specimen Pick Up:
 Central : 3651 1200 HK Island : 3983 1800
 Causeway Bay : 3651 1100 Kowloon : 3651 1000



ST. TERESA'S HOSPITAL
 聖德肋撒醫院
Histopathology Laboratory
 組織病理化驗室
 病理學專科醫生
Specialists in Pathology
 Dr. KAN Chi Hang Dr. FUNG Shing Hoi
 Dr. PANG Chun Yin Dr. SHUM Ka Shing
 Dr. SHEA Ka Ho Dr. NG Kwan Shing
 Tel: 2711 2120 / 2892 0533 Fax: 2761 1798

LAB USE ONLY

LAB No.

2 PATIENT IDENTIFIERS ARE REQUIRED

Family name 姓	Given name 名	<input type="checkbox"/> HKID <input type="checkbox"/> 2 Way	<input type="checkbox"/> Passport <input type="checkbox"/> Others	D.O.B. 出生日期 / / dd mm yyyy	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	Date collected / / dd mm yy <input type="checkbox"/>am <input type="checkbox"/>pm
Referred by					<input type="checkbox"/> Payment in Lab (otherwise on account)	

FOR MANAGED CARE PATIENTS ONLY - PLEASE FILL IN

Organization	Diagnosis		
Member card no.	Expiry date	<input type="checkbox"/> Voucher attached <input type="checkbox"/> No Voucher	Doctor's Signature: Card Holder's Signature:

GYNAE CYTOLOGY

<input type="checkbox"/> SurePath Pap [H106A] <input type="checkbox"/> Conventional Pap Smear [H086]	Previous lab no. (If any) LMP: Day _____ Month _____ Year _____	FOR LAB USE ONLY A. <u>Prev Lab:</u> B. _____ C. _____ D. _____ E. _____ F. _____ G. _____	
<input type="checkbox"/> Monolayer Pap + HPV Genotypes [CY01] <input type="checkbox"/> Monolayer Pap + HPV Genotypes [CY02] + Chlamydia DNA <input type="checkbox"/> Monolayer Pap + HPV Genotypes [CY03] + Chlamydia DNA + Gonococcus DNA <input type="checkbox"/> HPV Genotypes [R076] <input type="checkbox"/> Chlamydia DNA [R035] <input type="checkbox"/> Gonococcus DNA [R017] <input type="checkbox"/> Chlamydia DNA + Gonococcus DNA [IN10] <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)	Primary Screen Check 1 (Tech)	Rescreen Check 2 (IC)

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

HISTOPATHOLOGY AND NON-GYNAE CYTOLOGY

<input type="checkbox"/> Tissue Biopsy [H087] Specimen(s) Surgical procedure:	Previous lab no. (If any) Clinical summary / diagnosis	PATH NO. Specimens Received: <input type="checkbox"/> SurePath Vial <input type="checkbox"/> Conv. Pap Smear <input type="checkbox"/> VTM <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) _____		Checked By	
<input type="checkbox"/> Body fluid cytology [H088] Specimen(s) _____			

The gynaecological cytology service of CytoLab Pap Test Screening Centre Ltd. is supervised by Histopathology Laboratory, St. Teresa's Hospital
 Histopathology and non-gynaecological cytology services are performed by Histopathology Laboratory, St. Teresa's Hospital

DOCTOR'S COPY