

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

LAB USE ONLY

LAB No.

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2 PATIENT IDENTIFIERS ARE REQUIRED

Tel: 2711 2120 / 2892 0533 Fax: 2761 1798

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 _____ Time _____ampm
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	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 _____
<input type="checkbox"/> Monolayer Pap + HPV Genotypes [CY01 / CY04] <input type="checkbox"/> Monolayer Pap + HPV Genotypes [CY02 / CY05] + Chlamydia DNA <input type="checkbox"/> Monolayer Pap + HPV Genotypes [CY03 / CY06] + 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) _____
For Plus tests, TAT may be slightly faster if additional VTM is taken.	
<input type="checkbox"/> Tissue Biopsy [H087] Specimen(s) _____ Surgical procedure: _____	PATH NO. _____ Specimens Received: <input type="checkbox"/> SurePath Vial <input type="checkbox"/> ThinPrep 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) _____	Primary Screen Rescreen Check 1 (Tech) Check 2 (IC)
<input type="checkbox"/> Body fluid cytology [H088] Specimen(s) _____	Checked By _____

HISTOPATHOLOGY AND NON-GYNAE CYTOLOGY	FOR LAB USE ONLY
<input type="checkbox"/> Tissue Biopsy [H087] Specimen(s) _____ Surgical procedure: _____	PATH NO. _____ Specimens Received: <input type="checkbox"/> SurePath Vial <input type="checkbox"/> ThinPrep 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) _____	Primary Screen Rescreen Check 1 (Tech) Check 2 (IC)
<input type="checkbox"/> Body fluid cytology [H088] Specimen(s) _____	Checked By _____

F026 Cyto & Histo Form 210901