	HOSPITAL SULTAN ABDUL AZIZ SHAH **UNIVERSITI PUTRA MALAYSIA** **Document Code: HSAAS/PATO/BR151**	**Cytology No:**
	CYTOLOGY REQUEST FORM **(GYNAE)**	

Hospital/Clinic/Ward	

PATIENT BIODATA

Name		Address	
IC No:			
Ethinicity		Phone No	(Home/hp)
Age			(Office)

SCREENING INFORMATION

Date of sample taken:	Previous cytology No:
Type of sample: ( )Liquid based preparation ( )Conventional Pap Smear	Previous Pathology No:
Sample site:	Place of previous screening:
Type of Screening:	Previous Diagnosis:

CLINICAL SUMMARY

Hormonal status:
- ☐ Pregnant
- ☐ Postpartum
- ☐ Pre-menopausal
- ☐ Menopausal

Last menstrual period:

Sign/symptom:
- ☐ NIL
- ☐ Vaginal discharge
- ☐ Abnormal bleeding:

Specify: ……..

……..

Contraceptive/hormonal: therapy
- ☐ IUCD
- ☐ Hormone:

Specify: ……..
- ☐ None

Cervix:
- ☐ Normal
- ☐ Abnormal
- ☐ Absent cervix

Treatment history:
- ☐ Chemotherapy
- ☐ Pelvic radiation

Specify completion date:

……..
- ☐ Gynaecology surgery

Specify: ……..
- ☐ None

Additional Information:

.

Lab use only				**Requesting Practitioner**
	1st Screener	**2nd Screener**	**Pathologist**	**Signature:**
Endo/TZ(P/A)				
Diagnosis				
Date				**Designation/:**
Name				**Stamp**