

Human Papillomavirus (HPV) Test Request Form (for GYNAE)
 Scottish Human Papillomavirus Reference Laboratory, Specialist Virology Centre,
 Royal Infirmary of Edinburgh, 51 Little France Crescent, Edinburgh EH16 4SA

From:

Sender address:

Requestor/Consultant Name (*Report will be sent to this person unless otherwise stated*):Address for result report (*if different from sender address*):

Telephone No:

Patient details:

Surname:

Forename:

Date of birth:

CHI:

CHI relevant to Scottish cases only

Sex: M F

*Or place patient ID label that contains above info here***Sample details:**

Date & time sample taken:

Hospital/Laboratory ref no:

Date posted:

Specimen:

Clinician taken swab*

Liquid based cytology (LBC)

2 x 10 um section of fixed biopsy

Biopsy site:

Other**

* Not a formally validated biospecimen - reports will be issued with a caveat** Please note other biospecimen types can only be accepted after prior discussion with SHPVRL**Test required:**

HPV Genotyping

High-risk HPV screening***

Specimen for prospective Cervical Cancer Typing

***Exceptional cases where testing outside the routine SCSP is required**Reason for request:**

LBC cervical sample not technically possible

Patient request

Other:

Exceptional cases not included here, where knowledge of HPV genotype will influence management

These cases must be discussed at Colposcopy MDT.

Details:

Discussed: Yes No Date:

For further information please contact Dr Kate Cuschieri on 0131 242 6039 or Dr Ingo Johannessen on 0131 242 6003**SHPVRL LAB USE ONLY** Comments:

Test code(s):