Doc No: HPV 53

Gynaecology Form



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

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 & time sample details: Date & time sample taken: Hospital/Laboratory ref no: Date posted: Sex: M F Cyplace patient ID label that contains above into here Specimen: Clinician taken swab* Liquid based cytology (LBC) 2 x 10 um section of fixed biopsy Biopsy site: Other** Not a formally-validated biopseumon-reports will be issued with a caseat* Other ** Not a formally-validated biopseumon-reports will be issued with a caseat* Chiefe note other biospecimen types can only be accepted after prior discussion Reason for request: LBC cervical sample not technically possible Patient request Exceptional cases not included here, where knowledge of HPV genotype will influence management These cases must be discussed at Colposcopy MDT. Discussed: Yes No Date: For further information please contact Dr Kate Cuschiert on 0131 242 6039 or Dr Ingo Johannessen on 0131 242 6039	From: Sender address:	
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SHPVRL LAB USE ONLY Comments: Test code(s):