

Human Papilloma Virus (HPV) Test Request Form (for non 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:

2 x 10 um section of fixed biopsy

Original block

Is this an Oropharyngeal Biopsy? Yes No

If not an Oropharyngeal Biopsy, specify site:

Test required:

HPV Genotyping

Please note that biopsies from outside the Oropharynx should be discussed with SHPVRL prior to submission.

p16 status of specimen: Pos Neg

Equivocal

Not done

Awaiting

Reason for request: All cases must be discussed at multi-disciplinary team meeting

Discussed: Yes No

Date:

Clinical details:

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):