

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 vaginal swab*

Liquid based cytology (LBC)

2 x 10um section or block 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***

****Exceptional cases where testing outside the routine SCSP is required*

Specimen for prospective Cervical Cancer Typing

Morphology:

SCC ADC ASC Not known

Other

p16 status of specimen: Pos Neg Equivocal Not done Awaiting

Reason for request:

Other:

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.

Details:

Discussed: Yes No Date:

For further information please contact the laboratory on 0131 242 6020 or Dr Kate Cuschieri on 0131 242 6039

SHPVRL LAB USE ONLY Comments:

Test code(s):