

## 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 &amp; 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

Specify site:

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

**Test required:**

HPV Genotyping

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

Discussed:    Yes    No    Date:

Clinical details:

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):