



RUH  SCH  SPH  Other \_\_\_\_\_

LABORATORY MEDICINE - CYTOLOGY

CERVICAL CYTOLOGICAL (PAP) REQUISITION

Saskatoon City Hospital

701 Queen Street, Saskatoon SK S7K 0M7

Phone: 306-655-8480 Fax: 306-655-8106

In cooperation with **SCREENING PROGRAM FOR CERVICAL CANCER**

A program of the Saskatchewan Cancer Agency [1-800-667-0017]

NAME: \_\_\_\_\_  
Last First Middle

HSN: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
dd/mmm/yyyy

HOSPITAL #: \_\_\_\_\_ STAY #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
City Province Postal Code

PHONE #: \_\_\_\_\_

GUARDIAN [if applicable] (PRINTED NAME/SIGNATURE): \_\_\_\_\_

Health-care Provider:

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

City/Province \_\_\_\_\_

Postal code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Copy of Report To:

Name \_\_\_\_\_  
Last First Middle

Name \_\_\_\_\_  
Last First Middle

**SPCC:** Screening Program for Cervical Cancer  
#101-4545 Parliament Avenue  
Regina SK S4R 0W3

**SPECIMEN:** Collection date: \_\_\_\_\_  
dd mmm yyyy

Ecto/Endocervix  Vulva

Vaginal:  Pool  Vault  Wall

Time: \_\_\_\_\_

**COLLECTION TYPE:**

Conventional PAP

Liquid base PAP

**SPECIMEN SUBMITTED:**

One slide  Two slides

Liquid vial

**CLINICAL HISTORY:**

LNMP \_\_\_\_\_  
dd mmm yyyy

Menstrual cycle \_\_\_\_\_

Pregnant (weeks) \_\_\_\_\_ Gravida # \_\_\_\_\_

Postpartum (weeks) \_\_\_\_\_ Parida # \_\_\_\_\_

Menopause (years) \_\_\_\_\_

Post-menopause bleeding

Hysterectomy  Total  Subtotal \_\_\_\_\_  
dd mmm yyyy

**OTHER RELEVANT CLINICAL HISTORY:**

\_\_\_\_\_

*Health-care provider signature*

IUD  Oral contraceptive (OPC) \_\_\_\_\_

HPV Confirmed type \_\_\_\_\_

HPV vaccine status  Yes  No

Immunocompromised Type \_\_\_\_\_

**TREATMENT HISTORY:**

Cryo Date \_\_\_\_\_  
dd mmm yyyy

Hormone therapy Type \_\_\_\_\_

Radiation Date \_\_\_\_\_  
dd mmm yyyy

Chemo Type/Date \_\_\_\_\_  
dd mmm yyyy

Laser Date \_\_\_\_\_  
dd mmm yyyy

LEEP Date \_\_\_\_\_  
dd mmm yyyy

Other Date \_\_\_\_\_  
dd mmm yyyy

Colposcopy Date \_\_\_\_\_  
dd mmm yyyy

**Previous PAP** Date \_\_\_\_\_  
dd mmm yyyy

Lab exam number \_\_\_\_\_

**LAB USE ONLY:**

Lab exam number: \_\_\_\_\_