HI-TECH LAB CO.,LTD

HI-TECH LAB PAP SMEAR REQUEST FORM

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ilac-MRA QUALITY ASSURANCE Q DMSc ISO 15189
Accreditation No. 4144/57

LAB NO.....

Name.....Date of Birth.....Age.....Sex.....

Clinic/Hospital.....Ward.....H.N.....

Tel.....Email.....

Attending physician.....Date of operation.....

CLINICAL DATA...

Type of Specimen

- ☐ Cervical scraping
- ☐ Posterior fomix aspirate
- ☐ Vaginal scraping
- ☐ Liquid - based cytology

Indication	☐ Check up ☐ Repeat for previous suspicious PAP ☐ Other.....
History	Para..... Last..... LMP.....
Contraceptive used	☐ Pill, ☐ IUCD, ☐ DMPA ☐ No
Treatment	☐ Yes ☐ No
Positive findings	

FM-QP-02/02 REV2