Bio—Test Laboratory
2006 Robertson Road, Unit 16
Ottawa, Ontario
K2H 1A5
Tel: 1(800) 409-1942
Fax: (613) 789-7033
www.bio-test.ca

CYTOLOGY & HPV REQUISITION
(FOR LIQUID BASED PAP SPECIMENS)

Requisitioning Health Practitioner
Name
Address
Fax

Clinician/Practitioner Number | CPSO/Registration Number

Laboratory Use Only

Service Date (YYYY/MM/DD)

☐ Copy To : Clinician/Practitioner
Name
Address

Health Number | Version | Date of Birth (DD/MM/YYYY)

Patient's Surname | Patient's First Name

Address (including Postal Code)

Phone Number

GYNECOLOGICAL CYTOLOGY

TYPE OF SPECIMEN: ☐ CERVICAL ☐ COMBINED ☐ ENDOCERVICAL ☐ VAGINAL ☐ OTHER (specify): _____

 # OF SPECIMENS SUBMITTED: _____

COLLECTION INSTRUMENT: ☐ SPATULA ☐ BRUSH ☐ BROOM ☐ OTHER (specify): _____

GYNECOLOGICAL DATA (IMPORTANT)

Date Smear Taken: (YYYY/MM/DD)

Date of LMP: (YYYY/MM/DD)

Cervix: ☐ Normal ☐ Suspicious ☐ Erosion ☐ Other *(specify)*: _____

Clinical Status:
☐ Post Menopausal Bleeding ☐ Abnormal Bleeding
☐ Discharge (specify): _____
☐ Pregnancy _____ weeks ☐ Post Partum _____ weeks
☐ Peri Menopausal ☐ Post Menopausal
☐ Hormone Replacement Therapy (specify): _____

OTHER CLINICAL HISTORY/REMARKS

Inadequate clinical information may hinder diagnosis.
For accurate and timely cytologic diagnosis, provide all information required

Contraception: ☐ BCP ☐ IUD

Hysterectomy: ☐ Partial – cervix present ☐ Total – no cervix
Date of hysterectomy: _____

Previous Patient History:
Previous: ☐ Colposcopy ☐ Previous Irradiation ☐ Chemotherapy ☐ Laser ☐ Cryotherapy Date: _____
☐ Previous Abnormal Cytology Result/Date: _____ ☐ Previous Biopsy Result/Date: _____

HPV TESTING

HPV testing can be ordered, at the patient's request, on the same sample that is submitted for a Pap test
HPV testing can be useful in the management of women over the age of 30. HPV testing under the age of 30 is not recommended.
HPV testing is not currently funded by the MOH. An invoice will be sent to the patient.
The patient is responsible to pay the current price, of $90.00

☐ Reflex HPV test to be done only if ASCUS or LSIL
☐ HPV and cytology co-testing on the same SurePath Sample
☐ HPV DNA test only (No cytology to be performed on this SurePath Sample)

Specimen Collection Date:

Physician Signature:

Patient E-Mail for Billing: _____

By signing I acknowledge that I will be invoiced for, and required to pay the current price of $90 to Bio-Test Lab.

Patient signature:

x _____ _____
Clinician/Practitioner Signature Date

Laboratory Use Only

LABORATORY SERVICE LOCATIONS

1. 2006 Robertson Rd. Main Lab
Tel: **1(800) 409-1942**
Mon to Fri: 7:30 - 4:00

2. 1929 Russell Rd.
Tel: **1(800) 409-1942**
Mon to Fri: 7:30 - 4:00

3. 1081 Carling Ave.
Tel: **1(800) 409-1942**
Mon to Fri: 7:30 - 4:00

4. 119 Langstaff Dr. (Carp)
Tel: **1(800) 409-1942**
Mon to Fri: 7:30 - 4:00

5. 210 Centrum Blvd. (Orleans North)
Tel: **1(800) 409-1942**
Mon to Fri: 7:30 - 4:00

6. 4289 Innes Road (Orleans)
Tel: **1(800) 409-1942**
Mon to Fri: 7:30 - 4:00

7. 2225 Mer-Bleue Road (Orleans South)
Tel: **1(800) 409-1942**
Mon to Fri: 7:30 - 4:00 (Closed 12-1 for lunch)