

Case Number: PURELAB Laboratory Use only

Cytology Specimen Request Form

Place External Order Barcode below if applicable:

*Mandatory Fields

Hospital Name *: _____

Number of Pots *: _____

Patient's Surname *:	
Title and Other Names*:	
Sex *:	
Date of Birth*:	
Hospital Number/Patient ID*:	
Consultant/Clinician Full Name*:	
Date & Time of Specimen*:	
Nature of Specimen(s):	Clinical Details: Previous Cytology/Histology No. (if relevant): _____

GYNAECOLOGICAL CYTOLOGY THINPREP™(TP) VIAL

☐ Gold Standard TP™ PAP. cobas HPV*, cobas' Chlamydia	☐ CHLAMYDIA on TP™	☐ Menopause	☐ Post Natal	☐ Irregular Bleeding
☐ TP™PAP, Cobas HPV COMBINATION	☐ GONORRHOEA on TP™	☐ Post Menopause	☐ Hysterectomy	☐ Discharge
☐ HPV FULL SUBTYPING	☐ STD Screen	☐ Pregnant	☐ IUCD	☐ Erosion/Cervicitis
☐ TP™ PAP	☐ mRNA	☐ HRT	☐ O/C	☐ Suspicious Cervix
☐ cobas• HPV* *High risk panel plus 16 & 18 genotyping				
LMP _____	Last Smear Test _____			

Invoicing (Tick box if appropriate)	Insurer: ☐	Patient: ☐	Hospital/Dr.: ☐
Digital Pathology Image ☐	Insurance Details (PMI)	Address for Invoice (Patient):	
N.B. PMI rates will apply unless otherwise stated.			
Signature*:			

By signing this request form you are acknowledging that this is an agreement between the signee/client and PURELAB; **taking full responsibility of patient consent** and that the **PURELAB** Request form and Sample Acceptance Procedure has been correctly adhered to by you the signee/client

THIS IS A CONTROLLED DOCUMENT AND MUST NOT BE COPIED OR DISTRIBUTED WITHOUT AUTHORISATION BY THE QMT

Cytology Request Form.doc	Cytology specimen request form - Version: 2.0, Index: Cyto 164, Printed: 28-Aug-2026 10:13	Version: 2	
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