

**Client ID: T764****Brant Community Healthcare System**200 Terrace Hill St.,  
Brantford, ON N3R 1G9  
(519) 751-5544 ext 2440

Laboratory Use Only

**Ord Phy:****Copy to Doctor(s):**

Clinician Phone Number

Patient Chart Number

Health Card Number(HCN)

Sex

Date of Birth

Province

Patient Phone No.

Patient Last Name

Patient Location

BCHS: \_\_\_\_\_

**BCHS LAB NO:** \_\_\_\_\_

Patient First Name

[ ]BCHU [ ]NGH [ ]WHGH

Patient Address

**GYNECOLOGIC CYTOLOGY (PAP TEST)****Clinical Indication (check one):**

- Pap screening according to Ontario Cervical Screening Guidelines  
 Pap for follow-up for a previous abnormal test result (*specify below*)  
 Pap during colposcopy  
 Other: \_\_\_\_\_

**Specimen Collection Date:** \_\_\_\_\_**Last Menstrual Period (first day)****Site:** Vagina  Vault  Cervix  Endocervix  Other(specify):\_\_\_\_\_**Cervix:** Normal Abnormal (*specify below*)  
\_\_\_\_\_**Clinical Status:**

- Pregnancy ( \_\_\_\_\_Weeks)  Post Partum Toxic Shock  
 Post Menopausal  Post Menopausal Bleeding Abuse  
 IUD  Hormone Replacment Therapy  
 Irradiation  Other(*specify*) \_\_\_\_\_  
 Hysterectomy Sub-total (cervix present)  Total(no cervix)

**Clinical History/Remarks:**

Previous Cytology#

Diagnosis:

Previous Gyn. Surgery and Diagnosis

Laboratory Use Only

(BCHS-Laboratory Use)

Received

Date:\_\_\_\_\_ Time:\_\_\_\_\_ Initials: \_\_\_\_\_