

**Client ID: 609520**  
**Brant Community Healthcare System**  
 200 Terrace Hill St.,  
 Brantford, ON N3R 1G9  
 (519)751-5544 ext 2456

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

Patient First Name

Patient Address

**GYNECOLOGIC CYTOLOGY (PAP TEST)**

**Clinical Indication (check one):**

- Pap screening according to Ontario Cervical screening guidelines
- Pap for follow-up of 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

**Cervix:**  Normal  Abnormal (specify)

**Clinical Status:**

- Pregnancy  Post Partum  Toxic Shock
- Post Menopausal  Post Menopausal Bleeding  Abuse
- IUD  Hormone Replacement Therapy  Colposcopy
- Irradiation  Other
- 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: \_\_\_\_\_

Received Time:

Initials: \_\_\_\_\_