5990 Côte-des-Neiges, Mtl, (Qc), H3S 1Z5
Tél. : 514 344-8022 Téléc : 514 344-8024
Courriel : service@laboratoirescdl.com
Lundi au vendredi de 8am à 8pm
Dimanche de 9am à 3pm

❑ Routine Gender : ❑ M ❑ F Collection date : YYYY – MMM – DD ID # : _____

Last name : _____ First name : _____

Birth date : YYYY – MMM – DD Medicare # : Telephone :

PATHOLOGY REQUISITION

REQUESTED TEST(S)

❑ Liquid cytology ThinPrep™ (PAPT)
❑ HPV screening (high risk) (HPV)
❑ Pap test (conventional) (PAPS)
❑ Reflex testing (TPPV)
(IF *ThinPrep™ ASCUS, HPV screening performed)*
❑ HPV genotyping (HPV identification) (GENHPV)

CLINICAL INFORMATION

❑ LMP ____ ____ ____	❑ Gravida : _____	❑ Chemotherapy	❑ Hx of condyloma
❑ Previous abnormal cytology ____ ____ ____	❑ Para : _____	❑ Radiotherapy	❑ Menopause
❑ Pregnant	❑ Post-partum : _____	❑ Cryotherapy ____ ____ ____	❑ Hormonotherapy
❑ IUD	❑ Hysterectomy, total	❑ Laser treatment ____ ____ ____	❑ PM bleeding
❑ Oral contraception	❑ Hysterectomy, partial	❑ Amenorrhea	❑ HPV vaccine

Clinical history: Comments :

SOURCE OF SAMPLE

❑ Cervix
❑ Cervix – Endocervix
❑ Vulva
❑ Endometrium
❑ Vagina
❑ Other _____

DESCRIPTIVE DIAGNOSIS - FOR LABORATORY USE ONLY

❑ Unsatisfactory sample ❑ Inflammation ❑ Blood ❑ Acellular ❑ Hypocellular
❑ Negative ① for intraepithelial and invasive lesions
❑ Candida ❑ No transformation zone component ❑ Scanty squamous epithelium ❑ Endometrial cells > 45
❑ Inflammation ❑ Blood present ❑ Atrophic ❑ Reactive changes ❑ Reactive endocervical cells
❑ Atypical squamous cells of undetermined significance (ASC-US).
❑ Atypical squamous cells, rule out HSIL (ASC-H)
❑ Atypical glandular cells
❑ Not otherwise specified ❑ Endocervical ❑ Endometrial
❑ AIS
❑ Intraepithelial lesions
❑ Low grade ❑ High grade
❑ Invasive lesions
❑ Squamous ❑ Endocervical ❑ Endometrial
❑ Other :_____
Was the slide staining satisfactory for evaluation? ❑ Yes ❑ No

Description of samples
❑ Bloody
❑ Translucent
❑ Particulate
❑ Opaque
❑ Solid particles
❑ Other _____

① Includes atypia of repair squamous, glandular or specific micro-organisms i.e. candida, trichomonas, bacterial vaginosis, herpes simplex, actinomyces.

FOR DOCTOR ONLY

Signature : _____ # Licence : _____ Date : _____

The Pap Test is a screening test for cervical cancer and it's precursors with an inherent false-negative rate. Liquid based cytology with HPV testing is the best approach to screen for cervical cancer. HPV alone can lead to false negatives due to the methodological restrictions on assessing the adequacy of the procured sample.

FOR PATIENT ONLY

Consent for Quality Control of abnormal Pap and HPV.

I hereby authorize a nurse, doctor, medical technologist or other qualified individual to request a copy of additional test results from my health care provider for Quality Control purposes of abnormal Pap, HPV or Urine Cytology test results.

Only CDL Laboratories Inc. or a laboratory authorized by C.D.L. Laboratories Inc. will retain this information in any type of file, archive or data bank as required by law.

I understand and accept that if necessary, the findings of this Quality Control will be released solely to the health care provider whose name and address appears on the requisition.

I understand that without my consent through my signature on this form the required Quality Control will not be performed

Signature of the patient	Date	Signature the witness	Date

FOR LABORATORY USE ONLY

CERVICAL CYTOLOGY RECOMMENDATIONS

✱ < 21 years
- ☐ Negative : A recommendation is not provided for this age group.
- ☐ ASCUS : Repeat PAP test at 6 and 12 months IF a screening test has been done.
- ☐ ASCUS : or more severe results from ONE of the cytological tests (check previous history) : Colposcopy

✱ 21 – 29 years
- ☐ Negative: Every 2 or 3 years
- ☐ ASCUS : Repeat Pap test at 6 and 12 moths.
- ☐ ASCUS : or more severe results from ONE of the cytological tests : Colposcopy

✱ 30 -65 years
- ☐ Negative: Every 2 or 3 years
- ☐ ASCUS : HPV testing.
- ☐ ASCUS : or more severe results from ONE of the cytological tests : Colposcopy

✱ > 66 years
- ☐ Negative: A recommendation is not provided for this age group.
- ☐ ASCUS : HPV testing.

✱ All patient

ASC-H, LSIL, HSIL, AGC endocervical, endometrial or undetermined origin, AGC, adenocarcinoma in situ, adenocarcinoma-endocervical, endometrial or other.
- ❑ Colposcopy
- ❑ Endometrial biopsy
- ❑ Other_____

Cytotechnologist	❑ Barbara Archambault ❑ Lella Ricciuti ❑ Barbara Ruminski	Andrew Mitchell M.D. Pathologist	Pathologist