ALBERTA PRECISION LABORATORIES
Leaders in Laboratory Medicine

* REQUIRED INFORMATION

COLPOSCOPY PATHOLOGY REQUISITION

*** PHYSICIAN TO ACT ON RESULTS:**

Physician Last Name / Full First Name:

5 Digit Client #:

Alpha Suffix Provider #:

PROVINCE	PERSONAL HEALTH NUMBER (PHN)	REGIONAL HEALTH RECORD NUMBER
	____ ___ ____ ____ ____ --- ____ ____ ____ ____	

PATIENT LAST NAME	FULL FIRST NAME	MIDDLE NAME

PATIENT ADDRESS	CITY, PROVINCE	POSTAL CODE

CHART NUMBER	GENDER	DATE OF BIRTH	PATIENT PHONE NUMBER
		__ __ __ __ / __ __ / __ __ (Y Y Y Y M M D D)	(__ __ __) __ __ __ - __ __ __ __

*** TISSUE REMOVED BY:** ☐ SAME NAME / LOCATION AS ABOVE

__________ Last Name __________ Full First Name __________ Location (Office Address)

ADDITIONAL COPIES TO:

1) __________ Last Name __________ Full First Name __________ Location (Office Address)

2) __________ Last Name __________ Full First Name __________ Location (Office Address)

*** CURRENT SPECIMEN TAKEN:**

Date: __ __ __ __ / __ __ / __ __ (Y Y Y Y M M D D)

Time: __ __ : __ __ (H H M M)

FOR LAB USE ONLY - ACCESSION NUMBER

GYNECOLOGY HISTORY

PREVIOUS PAP RESULT: ______________________________

LNMP: __ __ __ __ / __ __ / __ __ (Y Y Y Y M M D D) Cycle: Every __________ days

☐ Hysterectomy (No Cervix)
☐ Immunocompromised
☐ IUD
☐ Pregnant ________ weeks
☐ Post Partum ________ weeks
☐ Breast feeding
☐ Menopausal
☐ OCP ☐ HRT

PRIOR TREATMENT

__ __ __ __ / __ __ / __ __ (Y Y Y Y M M D D)

☐ Cryotherapy
☐ Chemotherapy
☐ Laser ☐ LEEP
☐ XRT ☐ Cone
☐ Other ______________

FIRST COLPOSCOPY VISIT

☐ YES ☐ NO

COLPOSCOPIC IMPRESSION

☐ NEGATIVE
☐ HPV / LSIL
☐ HSIL

*** Each specimen container must be labelled with the patient's full first and last name and the exact specimen site.**

Specimen	LAB USE ONLY
☐ **BIOPSY** ◯ Punch ◯ Cone ◯ Leep Location: _____ o'clock ☐ Cervix ☐ Vagina ☐ Vulva ☐ Other: __________	GROSS DESCRIPTION: Biopsy consists of fragments measuring:____________________mm greatest
☐ **BIOPSY** ◯ Punch ◯ Cone Location: _____ o'clock ☐ Cervix ☐ Vagina ☐ Vulva ☐ Other: __________	GROSS DESCRIPTION: Biopsy consists of fragments measuring:____________________mm greatest
☐ **BIOPSY** ◯ Punch ◯ Cone Location: _____ o'clock ☐ Cervix ☐ Vagina ☐ Vulva ☐ Other: __________	GROSS DESCRIPTION: Biopsy consists of fragments measuring:____________________mm greatest
☐ **BIOPSY** ◯ Punch ◯ Cone Location: _____ o'clock ☐ Cervix ☐ Vagina ☐ Vulva ☐ Other: __________	GROSS DESCRIPTION: Biopsy consists of fragments measuring:____________________mm greatest
☐ **CURETTINGS** ☐ **BIOPSY** ☐ Endocervix ☐ Endometrium	GROSS DESCRIPTION: Biopsy consists of fragments measuring:____________________mm greatest
☐ **CURETTINGS** ☐ **BIOPSY** ☐ Endocervix ☐ Endometrium	GROSS DESCRIPTION: Biopsy consists of fragments measuring:____________________mm greatest