



PCYSCR00003 Gynecological Cytopathology Requisition Completion Aid

Patient, Provider, Collection Fragment:

Patient	PHN 12345-6789	Expiry:	Date of Birth (dd-Mon-yyyy) 01 APR 1998		
	Legal Last Name Sample		Legal First Name Jane		Middle Name Elizabeth
	Alternate Identifier	Preferred Name	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to disclose		Phone xxx-xxx-xxxx
	Address 111 My Avenue		City/Town Calgary	Prov AB	Postal Code T2T 2T2
Provider(s)	Authorizing Provider Name (last, first, middle) Example, Doctor S			Copy to Name (last, first, middle) Example, Copy Provider	Copy to Name (last, first, middle)
	Address 1234 211 St. Edm, AB T3T 3T3		Phone xxx-xxx-xxxx	Address 4567 89 Ave EDM, AB T5T 5T5	Address
	CC Provider ID numeric digits	CC Submitter ID numeric digits	Legacy ID Non CC Sites	Phone xxx-xxx-xxxx	Phone
	Clinic Name Family Medicine Clinic			Clinic Name Associated Medical Clinic	Clinic Name
Collection	Date (dd-Mon-yyyy) 08-Jun-2021	Time (24 hr) 09:35	Location		Collector ID

Date and Time the specimen was collected is required

Required Provider Information Fields

Authorizing Provider: The provider ordering the test and acting on the test result.

Connect Care (CC) Provider ID: Unique ID assigned to the provider. This ID does not change when providers practice at more than one location.

Connect Care (CC) Submitter ID: Unique ID for the location or clinic and is used to route reports.

Copy To Provider(s)

Complete Name, Address and Clinic Name will assist in selecting the correct provider.

Patient Information Fields

PHN Expiry Date: Required for patients with out-of-province healthcare insurance (if applicable).

Alternate Identifier: Unique ID (ULI, MRN, government issued ID, etc.).

Preferred Name: Use if the preferred name differs from legal name.

Gender: "Non-binary" and "Prefer not to disclose" provide choices of response other than "male" or "female".

Legacy ID

- Legacy provider ID assists non-Connect Care sites with accurate provider selection for report delivery.
- Millennium provider IDs are generally 6-8 digits in length and may have an alpha character at the end (eg. 021130B)
- Meditech does not use codes. Only a complete and clearly legible provider first and last name and address, is required in the Provider section. Leave Legacy ID section blank.

Information required for appropriate handling, processing and reporting:

GYNECOLOGICAL SPECIMEN SITE		Is patient under 21? No <input type="checkbox"/> Yes <input type="checkbox"/> <small>Routine screening of patients under 21 is not recommended. If warranted state clinical reason. Cervical screening should be considered based on TOP Clinical Practice guidelines.</small>
<input type="checkbox"/> Cervix <input type="checkbox"/> Vagina <input type="checkbox"/> Anal	<div style="background-color: yellow; border: 1px solid black; padding: 5px; display: inline-block;"> Specimen site is required </div>	
CLINICAL INFORMATION (please print clearly)		
LNMP: <input type="text"/> / <input type="text"/> / <input type="text"/> Cycle: Every <input type="text"/> days Previous Pap Result: <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> HPV Immunization Series completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous HPV Result: <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Hysterectomy (Cervix removed) <input type="checkbox"/> Menopausal <input type="checkbox"/> IUD <input type="checkbox"/> Hormone Replacement Therapy <input type="checkbox"/> OCP <input type="checkbox"/> Immunocompromised <input type="checkbox"/> Pregnant <input type="text"/> weeks <input type="checkbox"/> First Pap following discharge from Colposcopy <input type="checkbox"/> Post partum <input type="text"/> weeks	
<div style="background-color: yellow; border: 1px solid black; padding: 5px; display: inline-block;"> Clinical Information/History is required – why was the tissue collected? </div>		
RELEVANT CLINICAL HISTORY (please print clearly)		
COLPOSCOPY CLINIC ONLY		
<input type="checkbox"/> First colposcopy visit <input type="checkbox"/> Pap taken at Colposcopy	IMPRESSION: <input type="checkbox"/> Negative <input type="checkbox"/> HPV/LSIL <input type="checkbox"/> HSIL	
FOR LAB USE ONLY		

Note: Patient's full first and last name, PHN (or second unique identifier) and body site (Specimens Submitted/Exact Sites) must match exactly on requisition and specimen. Date of birth does not qualify as a second identifier.

- Benefits of providing COMPLETE AND LEGIBLE information:**
- ✓ Promotes patient safety through reduced transcription errors
 - ✓ Ensures samples are processed for the correct patient and results are sent to the correct provider
 - ✓ Reduces turnaround time when processing patient samples