SANDYFORD CLINICAL DIAGNOSTICS

Trading as MedLab Pathology

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CLINICIAN

SOURCE

Doctor _____

Address _____

Tel _____ Fax _____

Patient address :

SURNAME																DOB	/ /	
FORENAME											TITLE					M/F		

When completing this form please provide at least three unique identifiers for your patient.

Sample Date		Sample Time		Patient Ref/ID No.										

		Please Tick
(Biochemistry)	DL1	☐
(Biochemistry/HDL)	DL1L	☐
(Haem/Bio)	DL2	☐
(Haem/Bio/HDL)	DL2L	☐
(Haematology)	DL3	☐
(Haem/Bio (short))	DL4	☐
(Haem/Bio/HDL)	DL4L	☐
(Postal Haem/Bio)	DL5	☐
(Postal Haem/Bio/HDL)	DL5L	☐
Well PersonsScreen (DL2/T4/TSH/Ferritin)	DL6	☐
(DL2L/T4/TSH/Ferritin)	DL6L	☐
Well Man Screen (DL6/PSA/Ferritin)	DL7	☐
(DL6L/PSA/Ferritin)	DL7L	☐
Well WomanScreen (DL6, Thin Prep PAP/Ferritin)	DL8	☐
DL6/HDL/Thin Prep PAP/Ferritin	DL8L	☐
Senior Male Profile 60+	DL9M	☐
Senior Female Profile 60+	DL9F	☐
Cardiovascular Risk Evaluation Profile	DL10	☐
Cardiovascular Risk Plus Profile	DL11	☐
Sexual Health/7STD by PCR	DL12	☐

PATIENT DETAILS

LMP: / /

Last smear: /
MONTH YEAR

Routine screen ☐

Colposcopy ☐

Previous HPV -ve ☐ +ve ☐

Previous abnormal history (please specify):

_____

_____

TESTS (PLEASE SPECIFY)

PAPT ☐
Thin Prep Cervical Cytology

HPV HR-HPV DNA ☐
Collective reporting of HPV subtypes

HP20 20 HPV DNA subtypes ☐
(5 low risk, 15 high risk)

HPVT Typed DNA/mRNA ☐
HP20 with reflex mRNA for E6/E7 oncoprotein expression

TPCR ☐
Thin Prep Chlamydia

TGON ☐
Thin Prep Gonorrhoea

TCG ☐
Thin Prep CT/GC

7 STD (DL12) ☐
7 STD Screen by PCR

PROFILES AND TESTS
Please specify

TAP4633/27-01-21/V2

Clinical Details

☐ Fasting
☐ Ethnic Origin (Please specify) _____
☐ Drug Therapy (Please specify) _____

☐ Pregnant
☐ Post Menopause
☐ Post Natal

☐ Irregular Bleeding
☐ Suspicious Cervix
☐ Hysterectomy

☐ IUCD
☐ HRT

For Practice Use Only:

EDTA	SST	GREY	MSU	OTHERS	INITIALS

For Laboratory Use Only:

EDTA	SST	GREY	MSU	OTHERS	INITIALS

Codes

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