

SAMPLE INFORMATION		* DOUBLE IDENTIFICATION (REQUISITION FORM AND SAMPLE) REQUIRED RAMQ NUMBER OR DATE OF BIRTH AND SEX	
LIQUID BASED SPECIMEN COLLECTION <input type="checkbox"/> COBAS PCR CELL COLLECTION MEDIA <input type="checkbox"/> OTHER (SPECIFY)		HEALTH INSURANCE NUMBER	
DATE (YYYY-MM-DD) HOUR (H: MIN)	NAME OF SAMPLE COLLECTOR (READABLE FIRST AND LAST NAME)	DATE OF BIRTH (YYYY/MM/DD) *	SEX* F <input type="checkbox"/> M <input type="checkbox"/>
PRESCRIBER INFORMATION		LAST NAME (UNIQUE IDENTIFIER)* FIRST NAME*	
ORDERING PHYSICIAN (READABLE FIRST AND LAST NAME)		ADDRESS (STREET, CITY) PROVINCE	
LICENCE #		ZIP CODE PHONE	
LOCATION			
COMPLETE ADDRESS -PHONE #- RETURN ADDRESS IF DIFFERENT			

INDICATIONS

WARNING : INCOMPLETE REQUISITION FORM OR REQUISITION FORM FOR PATIENT WHO NOT MEET SPECIFIED CRITERIA FOR TESTING WILL BE REFUSED. SAMPLES IN THEIR TRANSPORTATION MEDIUM, ARE KEPT FOR 6 WEEKS WAITING FOR THE CORRECTIVE

TO BE COMPLETED BY THE PHYSICIAN WHO RECEIVED THE CYTOLOGY (PAP) SMEAR RESULT

ASC-US SCREENING FOR A WOMAN OF 30 Y.O. OR OLDER

ASC-US
SCREENING

PATIENT CRITERIA FOR HR HPV TESTING

- ➔ THE SAMPLE MUST BE COLLECTED BY THE PHYSICIAN WHO COLLECTED THE PAP SMEAR
- ➔ A WOMAN OF 30 Y.O. OR OLDER SHOWING ATYPICAL CELLS OF UNDETERMINED SIGNIFICANCE (ASC-US) ON CERVICAL SMEAR

THE SHIPPING MUST CONTAIN :

- ➔ THE COMPLETE REQUISITION FORM
- ➔ THE SPECIMEN COLLECTED IN LIQUID BASED MEDIUM
- ➔ A COPY OF THE CYTOLOGY REPORT (PAP TEST) WITH ASC-US

TO BE COMPLETED BY THE PHYSICIAN COLPOSCOPIST

FOLLOW UP BY COLPOSCOPY CLINIC

COLPOSCOPY

PATIENT CRITERIA FOR HR HPV TESTING

- FOLLOW-UP OF WOMEN TREATED FOR CIN2,3 OR HSIL
- ATYPICAL GLANDULAR CELL (AGC) INVESTIGATION
- INVESTIGATION OF DISCORDANCE BETWEEN CYTOLOGY (ASC-H OR HSIL) AND BIOPSY (NORMAL)
- OTHER ➔ (SPECIFY)

CLINICAL INFORMATION

HIGH RISK HPV DETECTION