



Incomplete forms may be returned.

Please verify with the client that all details on the form are correct.

Please ensure you remove the vial number label from the sample vial and attach to the form.

Please use every effort to provide woman's PPSN

Vial number label: Detach from the vial and place here

Personal Public Service Number

Numbers		Letters	

CSP ID

--	--	--	--	--	--

Hospital Number (if applicable)

--	--	--	--	--	--

Date of Birth

Day	Month	Year

Individual Health Identifier (IHI):

--	--	--	--	--	--

Surname Use BLOCK CAPITALS when filling in your details

--	--	--	--	--	--	--	--	--	--

First Name

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Middle Name

--	--	--	--	--	--

To ensure accurate identification of the woman, please complete this section in its entirety.

Surname at Birth

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Mother's Maiden Name

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Postal Address for Correspondence

Eircode:

--	--	--	--	--

Contact Telephone No.

--	--	--	--	--	--	--	--

Please check that your details about the woman's consent are recorded here (signature, witnessed mark, verbal with note of doctor / nurse).

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Ensure that the woman's consent is recorded here (signature, witnessed mark, verbal with note of doctor / nurse).

Samples submitted with forms without consent **will not** be processed.

Doctor /Nurse

Doctor / Nurse name:

Practice / Clinic:

Address:

Doctor / Nurse ID: (MCRN or NMBI No.)

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Telephone No.:

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Clinically Responsible Doctor ID or Clinic ID: (MCRN)

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Clearly write the name of the doctor / nurse who took the test and the STI clinic address.

Write the MCRN / NMBI number here.

Document unique clinic identifier here STITI ONNNN

Date of Test

Day	Month	Year

LMP

Day	Month	Year

Relevant Clinical Details (please tick as appropriate)

OCP/Hormones/HRT IUCD Post Menopausal

HPV Vaccinated Post Colposcopy Smear Sub-total/Total Hysterectomy

Pre/Post Transplant Dialysis DES CD4i

Post-coital bleeding Post-menopausal bleeding

Tick only clinically appropriate boxes.

Sample Site: Cervix Vault (post total hysterectomy)

Where the cervix is present, the smearer must visualise the entire cervix and sample it correctly with 5 x 360° rotations of the sampler. Submission of the sample is confirmation that this has been done.

Identify the sample site.

Lab Name	Test Date	Cytology result	HPV result

Date	Procedure	Result

LABORATORY USE ONLY

Date Received in Laboratory

Day	Month	Year

Accession Specimen Number:

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Barcode

TZ Cells Yes No

Final Report

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Management Recommended

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1°

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2°

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Path

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Date Reported

Day	Month	Year

Signature

Day	Month	Year