CYTOLOGY & HPV TESTING REQUISITION

CLEAR FORM

LifeLabs®

HPV ONLY
London Health Sciences Centre

Requesting Clinician/Practitioner

Name Dr. A. Example

Address London Health Sciences Centre Pathology
Suite 123-321 Main Street
London, ON A1A 1A1

Clinician/Practitioner Billing Number
12345

Copy to Clinician(s)/Practitioner(s) *(fill in all fields):*
Name Dr. B. Example Billing # 54321

Address 456 Main Street
Toronto, ON B2B 2B2

Name Billing #

Address

Laboratory Use Only

Clinician/Practitioner Phone Number

Patient Chart Number

Health Card Number (HCN) | Version | Sex ☐ M ☐ F | Date of Birth YYYY MM DD

Province | Other Province's Registration Number | Patient Phone Number

Patient Last Name *(as per Health Card)*

Patient First Name & Middle Names *(as per Health Card)*

Patient Address *(including postal code)*

GYNECOLOGIC CYTOLOGY (PAP TEST) | **NON-GYNECOLOGIC CYTOLOGY**

London Health Sciences Centre Accessioning Label

HPV Only

Clinical History/Remarks: **Colposcopy Patient**

Inadequate clinical information may hinder diagnosis. For accurate and timely cytologic diagnosis, provide all information required.

HPV TESTING

HPV testing can be ordered, at the patient's request, on the same sample that is submitted for a Pap test
HPV testing can be useful in the management of women over the age of 30. HPV testing under the age of 30 is not recommended.
HPV testing is not currently funded by MOHLTC (but private health insurance plans may cover some of the cost)
An invoice of $90.00 will be sent to the patient with instruction on how to make payment (patient address must be provided)

☑ HPV DNA test only (No cytology to be performed on this Surepath sample)

Specimen Collection Date: YYYY MM DD

Physician signature:

By signing I acknowledge that a payment of $90.00 to LifeLabs is required for the HPV test

Patient signature:

PRINT FORM

Cyto-HPV Req