

Place sticker here

Lab form for vaginal swab samples for HPV testing only

Te Whatu Ora
Health New Zealand

Personal details

NHI	
Family name	
Given names	
Preferred name	
Date of birth	dd mm yyyy
Address	
Phone	
Email address	

Is the person eligible for publicly funded health services?

Yes No (Provide details of who should be billed below)

Gender

Female Unknown Other gender
 Male Unspecified

Ethnicity (Please ask the respondent to complete, can tick more than one)

New Zealand European Tongan
 Māori Niuean
 Samoan Chinese
 Cook Island Māori Indian
 Other, eg *Dutch, Japanese, Tokelauan*. Please state:

 I do not know my ethnicity
 I do not want to state my ethnicity

Clinical presentation

No symptoms
 Abnormal Bleeding
 Postcoital Bleeding
 Postmenopausal Bleeding
 Other (enter below)

History

Total hysterectomy
 Sub-total hysterectomy
 Immune deficient

Previous results

Previous abnormal screening tests?
 Yes
 No
 Unknown

Specimen type

Vaginal Swab

Test requested

Swab – HPV

Laboratory identifiers (Lab to complete)

Date received by Lab dd mm yyyy

Requestor details

Practitioner name

Health Practitioner Indicator (HPI)

Health Facility Name

Health Facility Number (HPI)

Additional copy of results to

Date taken dd mm yyyy

Signature of Practitioner / Sample taker

Additional comments

For private specialist colposcopists and oncologists only

Is this a screening sample? Yes No