Place sticker here

Lab form for vaginal swab samples for HPV testing only



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) Female Unknown Other gender Female Unknown Other gender Male Unspecified Ethnicity (Please ask the respondent to complete, can tick more than one) Clinical presentation No symptoms Abnormal Bleeding Postcoital Bleeding Postmenopausal Bleeding Prostmenopausal Bleeding Postmenopausal Bleeding Prostmenopausal Bleeding Postmenopausal Bleeding Prostmenopausal Bleeding Pr					
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Samoan Chinese Unknown	Samoan		Chinese	Unknown	
Cook Island Māori Specimen type	Cook Island Māori Indian		Specimen type		
Other, eg Dutch, Japanese, Tokelauan. Please state: Vaginal Swab	Other, eg <i>Dutch, Japanese, Tokelauan</i> . Please state:				
For private specialist colposcopists and			Vugiriai swab	For private specialist colposcopists and	
I do not know my ethnicity Test requested oncologists only	I do not know my ethnicity			Test requested	
Is this a screening sample? Yes	I do not want to state my ethnicity			Swab - HPV	Is this a screening sample? Yes No