衞生署公共衞生檢測中心
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382 Nam Cheong Street, Shek Kip Mei, Kowloon

組織病理及細胞學化驗室
Histopathology & Cytology Laboratory

Lab. No. _____

CERVICAL CANCER SCREENING

HKID

Surname

Other Names

Gender F DOB _____ (dd/mm/yyyy)

LMP _____/_____/_____ (dd / mm / yy)

Menopause _____ years ago

Post-natal _____ weeks

Pregnant _____ weeks

IUCD in-situ Yes / No

Oral Contraceptive Yes / No

Other Hormones Yes / No *(detail _____)*

Chemotherapy Yes / No *(detail _____)*

Radiotherapy Yes / No *(detail _____)*

Requesting Doctor's Name and Code

Signature

Clinical Summary & Diagnosis

Requesting Unit

Other Gynae. symptoms

- ☐ No symptoms
- ☐ CB / PCB/ Post menopausal bleeding / Other abnormal bleeding
- ☐ Abnormal vaginal discharge
- ☐ Others *(please specify)* _____

Report to Clinic *(if different from Requesting Unit)*

Cervix Appearance

- ☐ Healthy
- ☐ Suspicious
- ☐ Cancerous
- ☐ Others *(please specify)* _____

Specimen Collection Device

- ☐ Cervex brush
- ☐ Endocervical brush
- ☐ Others *(please specify)* _____

Test Requested ***(Please choose only one test)***

- ☐ HPV molecular test
- ☐ Cytology

Specimen Site

- ☐ Cervix
- ☐ Vault
- ☐ Others *(please specify)* _____

Date specimen taken _____ (dd/mm/yy)

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