EXPRESSMED LABORATORIES

Suite 13, Bldg 3013, Rd 7543, Block 575
P.O.Box 82346, Janabiyah
Kingdom of Bahrain
Tel. (+973) 7729 8888 - 7724 8888
Fax. (+973) 1791 1531

Gynecological Cytopathology Request

For lab use only

Date Received: ..... Initial: .....

Time Received: ..... Accession#:

Patient Information

Name: .....

ID/CPR: .....

DOB: (dd/mm/yyyy) ..... ☐ Male ☐ Female

Phone: .....

Treating Physician

Name: .....

Facility/Institution: .....

Signature: .....

Stamp: .....

Specimen Information

Specimen Source:

☐ Cervical ☐ Vaginal Vault ☐ Vulvar ☐ Other (Specify): .....

Clinical Information

- ☐ Date of Last Menstrual Period ____ / ____ / ____
- ☐ Pregnant / Post - Partum
- ☐ IUCD
- ☐ Post - Menopausal
- ☐ Hysterectomy: Sub-Total
- ☐ Hysterectomy: Total
- ☐ Other (Specify): _____

Clinical History

- ☐ Cancer / Dysplasia
- ☐ Radiation Therapy
- ☐ Chemotherapy
- ☐ Irregular Menstrual Bleeding
- ☐ Post Menopausal Bleeding
- ☐ Hormone Therapy
- ☐ Colposcopy / Biopsy
- ☐ Other (Specify): _____

Symptoms and Dx being considered

Required

Form completed by: .....

Date: ..... Phone: .....