



CAM PATH LAB

(A UNIT OF CAM HEALTH CARE PRIVATE LIMITED)
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PAP SMEAR REQUISITION FORM

Patient Name: _____ Age : _____

Date collection: _____ Collected at : _____

LMP Date : _____ Barcode : _____

No. of sides : _____

SAMPLE METHOD: Thin Prep Pap Test Surepath Pap Test Conventional Smear
 Other, specify: _____

SPECIMEN SOURCE : Cervical Endocervical Vaginal Anal-Rectal.

COMPLAINTS:

- None
- Vaginal Discharge
- Irregular Bleeding
- Post Coital Bleeding
- Menorrhagia
- Post Menopausal Bleeding
- Others (Specify) _____

CONTRACEPTION:

- None
- Barrier
- Hormonal IUCD
- Tubal
- Per speculum Findings
- Cervix Normal
- Bleeds On Touch
- Suspicious

COLPSCOPIC FINDING:

- Not Done
- Normal
- Hpv
- Low Grade Lesion
- High Grade Lesion
- Invasive Carcinoma
- Unsatisfactory

SPECIMEN ADEQUACY (Only for Lab Use):

- Satisfactory for evaluation
- Un-Satisfactory for evaluation
- Specimen processed and examined, but Unsatisfactory for evaluation due to : _____
- Negative for intraepithelial or malignancy.
- Other Comments _____

Date _____

Signature _____