



# 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 \_\_\_\_\_