CERVICAL CYTOLOGY REQUEST FORM

CancerCare Manitoba
CervixCheck

Send specimen to:

☐ **Health Sciences Centre Cytology Laboratory**
820 Sherbrook St (MS337), Winnipeg, MB R3A 1R9
P: 204-787-1352 F: 204-787-1790

☐ **Westman Laboratory**
Unit 1-150 McTavish Ave, E, Brandon, MB R7A 7H8
P: 204-578-4440 / 1-800-661-5458 Ext. 4467
F: 204-578-2819

☐ **St. Boniface Hospital Cytology Laboratory**
409 Taché, Winnipeg, MB R2H 2A6
P: 204-237-2504 F: 204-235-3423

☐ **Dynacare**
830 King Edward St, Ste #100, Winnipeg, MB R2H 0P4
P: 204-944-0757 F: 204-957-1221

Accession # **Date received (dd/mmm/yyyy)** **Specimen collection date (dd/mmm/yyyy)**

PATIENT INFORMATION

* Matching PHIN and first and last name required on vial

Last name First name

PHIN (or military, other prov/terr #) MB Health #

☐ F ☐ M

Date of birth (dd/mmm/yyyy) Gender 3rd party billing

Address

City Prov Postal code

SPECIMEN PREPARATION:
☐ Liquid based cytology ☐ Conventional cytology

INSTRUMENT(S):
☐ Broom ☐ Spatula ☐ Cytobrush

SOURCE:
☐ Cervix ☐ Vagina

PATIENT HISTORY

Last normal menses (dd/mmm/yyyy) Last Pap test (dd/mmm/yyyy)

Previous abnormal Pap test (dd/mmm/yyyy)

☐ Pregnant ☐ Postpartum _____ (# weeks)
☐ Menopausal ☐ Postmenopausal

PREVIOUS TREATMENT:
☐ Colposcopy ☐ Laser ☐ Cryotherapy ☐ LEEP
☐ Knife cone ☐ Irradiation ☐ Wide local excision

Date (dd/mmm/yyyy)

HYSTERECTOMY:
☐ Total ☐ Subtotal

Previous cancer

PRESENT TREATMENT:
Hormonal: ☐ HRT ☐ OCP ☐ IUCD

COMMENTS:

SPECIMEN COLLECTOR INFORMATION

Last name First name

CervixCheck/Provider # Bill to (#)

Send report to (street address)

City/Town Prov Postal code

Phone Fax

Copy report to (name)

Address

DESIGNATION:
☐ Physician ☐ Nurse practitioner ☐ Nurse
☐ Physician assistant ☐ Clinical assistant ☐ Midwife

Specimen collector should identify themselves on the form as follows:

DESIGNATION	CERVIXCHECK/PROVIDER #:	BILL TO (#):
Clinical assistant	22### (CervixCheck provider #)	Physician or NP billing #
Midwife	M6### (Midwife provider #)	Midwife billing #
RN(NP)	Not applicable	Billing #
RN, RN(AP), RPN	N### (CervixCheck provider #)	Physician or NP billing #
Physician	Not applicable	Billing #
Physician assistant	72### (CervixCheck provider #)	Physician or NP billing #