INSTITUT PERUBATAN DAN PERGIGIAN TERMAJU (IPPT)
UNIVERSITI SAINS MALAYSIA (USM)

Advanced Diagnostic Laboratory

PAP SMEAR REQUEST FORM

Name : ☐ Sex : ☐ Male ☐ Female

PID : ☐ Age: ☐☐

I/C no. : ☐ Race: ☐

Date of specimen : ☐ Time of specimen : ☐

Ward/Clinic : ☐ Hospital : ☐

Type of sample : ☐

For Laboratory Use Only
Master Lab No. :
Unit Lab No. :
Date/Time Received :

A. CLINICAL SUMMARY

i. Type of sample :
- ☐ Conventional Pap Smear
- ☐ Liquid-based preparation

ii. Sample site :
- ☐ Cervix
- ☐ Vagina

iii. Type of screening:
- ☐ New
- ☐ Repeat

iv. Hormone status
- ☐ Pregnant
- ☐ Postpartum
- ☐ Pre menopausal
- ☐ Menopausal

v. Last menstrual period: ☐☐ ☐☐ ☐☐

vi. Contraceptive / hormonal therapy:
- ☐ IUCD
- ☐ Hormone
- ☐ Specify .....
- ☐ None

vii. Treatment history
- ☐ Chemotherapy
- ☐ Pelvic radiation
  Specify completion date.....
- ☐ Gynaecology surgery/
  Specify .....
- ☐ None

viii. Previous cytology No. : ☐

ix. Previous pathology No. : ☐

x. Place of previous screening : ☐

xi. Previous diagnosis : ☐

xii. Symptom / sign:
- ☐ Nil
- ☐ Vaginal discharge
- ☐ Abnormal bleeding / specify : .....

xiii. Cervix :
- ☐ Normal
- ☐ Abnormal
- ☐ Absent cervix

xiv. Additional information:

Name of Doctor/staff incharge

Signature & Stamp

Date : _____