

LABLINK
RESERVED FOR
BARCODE LABEL



LABLINK
MEDICAL LABORATORY

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CYTOLOGY REQUEST FORM (GYNAECOLOGY)

PATIENT DETAILS	DOCTOR DETAILS
<p>Patient's Name</p> <p>_____</p> <p>IC/Passport No. _____ Clinic/Hospital Reference No. _____</p> <p>Date of Birth (dd/mm/yy) _____ Age _____ Gender <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>Race <input type="checkbox"/> Malay <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Other _____</p> <p>Address _____</p>	<p>Requesting Doctor's Name and Address</p> <p>_____</p> <p>Doctor's Signature: _____</p> <p>URGENT <input type="checkbox"/> PHONE _____ <input type="checkbox"/> FAX _____ <input type="checkbox"/> EMAIL _____</p>
<p>Specimen Collection Date (dd/mm/yy) _____</p>	
TEST REQUEST DETAILS	SPECIMEN TYPE
<p><input type="checkbox"/> Conventional Cytology (PS5) 61120001</p> <p><input type="checkbox"/> Liquid-Based Cytology (LBC) (CYLC3) 61120029</p> <p><input type="checkbox"/> HPV DNA Only (PCRhpvDNA)</p> <p><input type="checkbox"/> LBC + HPV DNA Package (PCRhpvLC1)</p>	<p><input type="checkbox"/> Cervical Swab</p> <p><input type="checkbox"/> Endocervical Swab</p> <p><input type="checkbox"/> Vaginal</p> <p><input type="checkbox"/> Vault Smear</p> <p><input type="checkbox"/> Others _____</p>
CLINICAL / TREATMENT HISTORY	CLINICAL DIAGNOSIS
<p>Treatment History</p> <p><input type="checkbox"/> Cone Biopsy</p> <p><input type="checkbox"/> LEEP</p> <p><input type="checkbox"/> Hysterectomy; <input type="checkbox"/> Total <input type="checkbox"/> Partial</p> <p><input type="checkbox"/> Others; Please specify _____</p> <p>Clinical History: Please indicate if patient has previous history / treatment done.</p>	<p><input type="checkbox"/> Routine</p> <p><input type="checkbox"/> Pregnant; _____ Weeks</p> <p><input type="checkbox"/> Postnatal; _____ Weeks</p> <p><input type="checkbox"/> Pre-menopausal</p> <p><input type="checkbox"/> Post-menopausal</p> <p><input type="checkbox"/> Post-irradiation</p> <p><input type="checkbox"/> LMP : ____ / ____ / ____ (dd/mm/yy)</p> <p>Others:</p>

