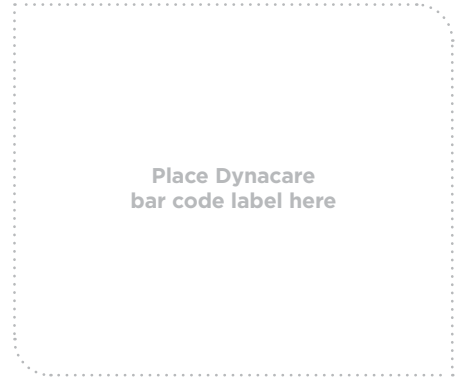


Human Papillomavirus (HPV) Requisition

Fax this order to 204.957.1221, Attention: Cytology



Lab Use Only

Client #: **004238** Physician #: **888666**

Accession #: _____

Date received: _____ Payment received: _____
YYYY/MM/DD

Processed by: _____

Healthcare Provider Use

Specimen collection date YYYY/MM/DD: _____ **Specimen collection time** HH:MM: _____

Customer Information

Last name: _____ Per MHSC card

First Name: _____ Per MHSC card

PHIN: _____ MHSC: _____

Date of birth: _____ Gender: M F
YYYY/MM/DD

Address: _____

City: _____

Province: _____ Postal code: _____

Ordering Healthcare Provider Name and Address
(stamp if available)

Full name: _____ Last name, first name

Address: _____

City: _____

Province: _____ Postal code: _____

Phone: _____ Fax: _____

For Customers without a PHIN only

Please provide one of the following other valid identifiers:

- Driver's license number
- Military number
- Passport number
- Out-of-province healthcare number
- Unique insurance provider number

Other valid identifier type: _____

Other valid identifier #: _____

cc. Healthcare Provider Name and Address

Full name: _____ Last name, first name

Address: _____

City: _____

Province: _____ Postal code: _____

Phone: _____ Fax: _____

Test Information

X	Test	Panel Description
X	XXXX	Human Papillomavirus

HPV test is being requested **after** the PAP has been sent:
 Yes No

Collection Instructions

The HPV test is a customer-paid test. **Price: \$90.00.**
The liquid-based cytology PAP specimen is suitable for HPV for 10 days from the collection of the PAP.
The test will not be performed until receipt of payment.

- If HPV is requested at the time of PAP collection, please have customer pay by cheque or complete the attached Credit Card Pre-Authorization Form. This should accompany the HPV and Cytology requisitions to the laboratory. Place the Credit Card Pre-Authorization Form or cheque, along with the requisition(s), into the front pocket of the plastic transfer bag.
- If HPV is requested after the PAP has been sent to the laboratory, please complete the HPV requisition.
Fax completed requisitions to 204.957.1221, Attention: Cytology.