

Collection Date and Time _____

Avalon Medical Laboratory
Rosemary Lane, Building 2, Unit 2
Basseterre, St. Kitts
1-869-466-5558

Office Hours: Monday -Friday 7:30 AM- 4:00 PM, Saturday 8:00 AM - 12 Noon

Type of Specimen

- Thin Layer PAP
- Thin Layer PAP Reflex HPV if ASCUS
- Thin Layer PAP Reflex HPV if ASCUS od Greater
- HPV Testing
- GC/Chlamydia

LMP *Required

Unknown _____

Clinical History

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Pregnant | <input type="checkbox"/> Hysterectomy | <input type="checkbox"/> Abnormal Bleeding |
| <input type="checkbox"/> PostMenopausal | <input type="checkbox"/> Radiation | <input type="checkbox"/> Previous Malignancy |
| <input type="checkbox"/> Birth Control Pills | <input type="checkbox"/> Chemotherapy | <input type="checkbox"/> Post Partum |
| <input type="checkbox"/> Hormone Therapy | <input type="checkbox"/> IUD | |

Additional Clinical Information

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Previous Abnormal PAP | <u>Date & Result</u> _____ |
| <input type="checkbox"/> Previous Abnormal Biopsy | <u>Date & Result</u> _____ |

Other Information

Physician Signature _____