

## Human Papillomavirus (HPV) and Cytology Tests Requisition – Colposcopy for Follow-Up of Cervical Screening-Related Abnormalities

- Please follow the Ontario Cervical Screening Program testing recommendations for colposcopy episodes of care. Recommendations can be found at <a href="https://orcalposcopy.">ontariohealth.ca/OCSP-colposcopy.</a>
- This requisition is not for people with cervical cancer symptoms who are referred to colposcopy for non-screening indications.
- For cervical screening or vaginal vault testing performed in gynecology, use the cervical screening requisition.
- Do not repeat HPV or cytology test at initial colposcopy.

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Colposcopist Information	Patient Identification (Enter information as indicated on OHIP card.
CDCO murahawa	Can be replaced by a sticker.)
CPSO number:	Last name:
Practitioner billing number:	Middle name: (optional)
Last name:	First name:
Middle name: (optional)	Colposcopy referral date:
First name:	Date of birth: yyyy / mm / dd  Sex: Male Female
Address:	OHIP number: OHIP version:
Fax: ( ) Phone: ( )	Patient Contact (Patient mailing address and phone number.)
Copy to: Primary care provider	Building / Street name:
Last name:	Apt./Unit City:
First name:	Province: Postal Code:
Address: (optional)	Phone: ( ) Extension: (optional)
Fax: ( ) Phone: ( )	Type: Home Work Cell
Testing Indication for Colposcopy and Tests Required	Specimen
(check ONE):	Site: Cervical/endocervical Vaginal Double cervix
A. Co-test (HPV test and cytology)	Special considerations for cytology interpretation:
Co-testing 12 months after initial colposcopy where high-grade squamous intraepithelial (HSIL) lesion was not detected	Intrauterine device (IUD) Postpartum
Co-testing during post-treatment follow-up for HSIL or	Menopausal hormone Pregnancy
adenocarcinoma in situ (AIS)	therapy (MHT) Subtotal hysterectomy
Co-testing for vaginal vault investigation	Post-menopausal Transition-related hormone therapy
Co-testing after invalid HPV test result with no or unsatisfactory cytology	Specimen collection date: (yyyy/mm/dd)
B. HPV test only	Last menstrual period (first day):
Invalid HPV test result with satisfactory cytology	(yyyy/mm/dd)
C. Cytology test only	Clinical information
Referred with no cytology results in the previous 6 months or after valid HPV test result with unsatisfactory cytology	
Requester Verification	Date:
Requester signature:	(yyyy/mm/dd)

Lab Use Only