

How to complete the HPV and Cytology Tests Requisition – Colposcopy for Follow-Up of Cervical Screening-Related Abnormalities

Inaccurate or incomplete requisition can result in testing delays or rejection of the specimen.

Colposcopist Information

- Provide your full name, address, fax number and phone number.
- **CPSO number and practitioner billing number:** Provide your College of Physicians and Surgeons of Ontario (CPSO) number and practitioner billing number.
- **Copy to:** If another physician, nurse practitioner, midwife or nurse in charge of a nursing station needs a copy of the result report, the “Copy to” field must include their full name, fax number and phone number.

Patient Identification

- **Patient information:** Provide the patient’s information, which must match the information on their OHIP card and indicate date of referral to colposcopy.
- **Sex:** Choose the patient’s sex, which must match the sex on their OHIP card. If their sex is unknown, this field may be left blank.

Patient Contact

- **Patient address:** Provide the patient’s address, including street address, city, province and postal code. If they do not have a fixed address, this field can be left blank.
- **Phone number and phone type:** Provide the patient’s phone number and type, if available.

Testing Indication for Colposcopy and Tests Required

- Choose **only one** of the colposcopy indications in categories “A”, “B” or “C”.

Specimen

- **Site:** Choose the specimen collection site.
- **Double cervix:** Check this box if the patient has a double cervix. Specimens collected from participants with a double cervix should be collected in separate vials with the specimen source (i.e., right vs. left cervix) identified.
- **Special considerations for cytology interpretation:** Choose any special considerations that apply to the patient. This information will help the laboratory service provider interpret results if cytology is performed.
- **Specimen collection date:** Provide the specimen collection date.
- **Last menstrual period:** If the patient gets menstrual periods, indicate the first day of their most recent period if it is known. Patients who are menopausal do not need to indicate their last menstrual period.
- **Clinical information:** Include any additional clinical information that may be relevant.

Requester Verification

- **Requester signature:** Sign and date the requisition. A digitized image of your signature (eSignature) will only be accepted if it is generated by a certified electronic medical record (EMR) software.

