



01 Hospital registration number

02 Laboratory

11 Code number of laboratory

12 Slide serial number

WRITE CLEARLY WITH BALLPOINT PEN

ENTER DETAILS IN BOXES OR RING APPROPRIATE NUMBERS

03 Patient name and address

Surname
First names
Full postal address

Previous surname

Phone no.
04 Date of birth

Postcode
05 NHS number

Clinical report

13 Test date/...../.....
14 LMP (1st day)/...../.....
15 Last test/...../.....
If no previous test please put X

17 Reason for test

routine call _____ 1
routine recall _____ 2
previous inadequate test/HPV-U ___ 5
opportunistic _____ 6
follow up treatment _____ 7
other _____ 3

06 If hospital state consultant, clinic or ward, and hospital

Name and address of sender if not GP

Postcode _____

19 Condition (if applicable)

pregnant _____ 1 taking hormones (specify in 20) ____ 4
post-natal (under 12 weeks) _____ 2 retroviral infection (RVI) _____ 5
I.U.C.D/I.U.S fitted _____ 3

20 Clinical data

(including signs and symptoms, previous history of cervical abnormalities and treatment)

Specimen type	Test date	Cytology and HPV result	Action
cervical sample _____ 1			
other (specify) _____ 2			

07

Name and address of GP

Postcode _____

08 Health Authority _____ Practice code _____
GP's local code _____ GP's national code _____

09 Source of sample
GP Practice/Primary Care ___ 1 NHS Hospital _____ 4
Community Clinic _____ 2 NHS Colposcopy _____ 7
Sexual Health Services ___ 3 Defence Medical Services ___ 5
Other _____ 6

FORM HMR 101 (2022)
Single copy

Clinical details

Sample taker signature _____ Date _____ Sample taker code _____

21 Screening report

Signature date