



WRITE CLEARLY
WITH BALLPOINT
PEN

ENTER DETAILS IN
BOXES OR RING
APPROPRIATE
NUMBERS

01 Woman's hospital
registration number

02 Laboratory

11 Code number
of laboratory

Fold

12 Slide
serial number

03 Woman's
surname

Previous
surname

CLINICAL REPORT

17 Reason for test

First names

13 Test date/...../.....

routine call 1

Full postal
address

14 LMP (1st day)/...../.....

routine recall 2

15 Last test

previous abnormal test 4

16 If no previous test
please put X

previous inadequate test 5

opportunistic 6

follow-up after treatment 7

other 3

Phone no.

post code

Fold for B

04 Date
of birth

05 NHS
number

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

19 Condition (if applicable)

pregnant 1 I.U.C.D fitted 3

post-natal (under 12 weeks) 2 taking hormones (specify in 20) 4

A
Name
and
address
of
sender
if not
GP

20 Clinical data

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

Specimen type	Test Date	Cytology & HPV Result	Action
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cervical scrape 1

other (specify) 2

post code

07

B
Name
and
address
of
GP

Sample taker signature

Date Sample taker code

Fold for A

08 Health Authority

Practice code

GP's local code

GP's national code

NHAIS district code

09 GP 1 NHS hospital 4 10 1 4

Source of sample NHS 7 NHS colposcopy 5 LOCAL 2 5

community clinic 2 Private 5 CODES 3 6

GUM clinic 3 Other 6

21 CYTOLOGY REPORT

FORM HMR 101/5
(2009) Single copy



801850508983

Signature..... date