

# Lab form for vaginal swab samples for HPV testing only

## Personal details

NHI	
Family name	
Given names	
Preferred name	
Date of birth	dd mm yyyy
Address	
Phone	
Email address	

## Is the person eligible for publicly funded health services?

- Yes  No (Provide details of who should be billed below)

## Gender

- Female  Unknown  Other gender  
 Male  Unspecified

## Ethnicity (Please ask the respondent to complete, can tick more than one)

- New Zealand European  Tongan  
 Māori  Niuean  
 Samoan  Chinese  
 Cook Island Māori  Indian  
 Other, eg Dutch, Japanese, Tokelauan. Please state:

- I do not know my ethnicity  
 I do not want to state my ethnicity

## Clinical presentation

- No symptoms  
 Abnormal Bleeding  
 Postcoital Bleeding  
 Postmenopausal Bleeding  
 Other (enter below)

## History

- Total hysterectomy  
 Sub-total hysterectomy  
 Immune deficient

## Previous results

Previous abnormal screening tests?

- Yes  
 No  
 Unknown

## Specimen type

- Vaginal Swab

## Test requested

- Swab – HPV

## Laboratory identifiers (Lab to complete)

Date received by Lab dd mm yyyy

## Requestor details

Practitioner name

Health Practitioner Indicator (HPI)

Health Facility Name

Health Facility Number (HPI)

Additional copy of results to

Date taken dd mm yyyy

Signature of Practitioner / Sample taker

## Additional comments

## For private specialist colposcopists and oncologists only

Is this a screening sample?

- Yes  No