

Stamp

Cytology extra vaginal and Histology Test Requisition Form *to be sent to Eurofins Genoma Group*

(*Mandatory)

Date: _____

PERSONAL DETAILS *(Please, fill in block letters)*

Name*: _____ Surname*: _____ Date of Birth*: _____

ID Code*: _____ Place of Birth*: _____ Country.: _____

Sample Code (Doctor's duty): _____ Collection date*: _____ Gender*: F M

SAMPLE INFORMATION * *(Check the corresponding box/boxes and fill in)*

HISTOLOGY	<input type="checkbox"/> Excision of lesion/neoformation [#]	<input type="checkbox"/> Cytology sample [#]	EXTRA VAGINAL CYTOLOGY
	<input type="checkbox"/> Single site biopsy [#]	<input type="checkbox"/> Agoaspirate [#]	
	<input type="checkbox"/> Multiple sites biopsy [#]	<input type="checkbox"/> Spill out [#]	
	<input type="checkbox"/> Single site polypectomy [#]	<input type="checkbox"/> Expectorate	
	<input type="checkbox"/> Multiple sites polypectomy [#]	<input type="checkbox"/> Brushing [#]	
	<input type="checkbox"/> Conization	<input type="checkbox"/> Nipple secretion	
	<input type="checkbox"/> Scraping or sampling cavities	<input type="checkbox"/> Other <i>(Specify)</i> [#] :	
	<input type="checkbox"/> Endometrial biopsy for immunohistochemistry (CD138 and CD56)		
	<input type="checkbox"/> Other <i>(Specify)</i> [#] :		

N.B.: For all biopsies it is necessary using the appropriate device with formalin (according to its userguide).

ANALYSIS REQUIRED* *(Check the corresponding box/boxes and fill in)*

HPV	<input type="checkbox"/> HPV High-Risk - HR <i>(14 Virotypes)</i>	<input type="checkbox"/> HPV High & Low Risk <i>(28 Virotypes)</i>
	<input type="checkbox"/> HPV p16 immunohistochemistry + HPV HR <u>(Biopsy in formalin)</u>	<input type="checkbox"/> HPV p16 immunohistochemistry + HPV High & Low Risk <u>(Biopsy in formalin)</u>

Other (specify): _____

✓ *If further Immunohistochemical investigations on the sample are required, the examination processing will take 3 days more.*

Samples sent:

[#] Sampling site and sample description:

A	<input type="checkbox"/> Slide	<input type="checkbox"/> Thin-prep	<input type="checkbox"/> Formalin	<input type="checkbox"/> Other: _____	_____
B	<input type="checkbox"/> Slide	<input type="checkbox"/> Thin-prep	<input type="checkbox"/> Formalin	<input type="checkbox"/> Other: _____	_____
C	<input type="checkbox"/> Slide	<input type="checkbox"/> Thin-prep	<input type="checkbox"/> Formalin	<input type="checkbox"/> Other: _____	_____
D	<input type="checkbox"/> Slide	<input type="checkbox"/> Thin-prep	<input type="checkbox"/> Formalin	<input type="checkbox"/> Other: _____	_____
E	<input type="checkbox"/> Slide	<input type="checkbox"/> Thin-prep	<input type="checkbox"/> Formalin	<input type="checkbox"/> Other: _____	_____

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HISTORY NOTES and/or OBJECTIVE EXAMINATION * (Please, fill in)

Clinical suspicion/ Indication for exam: _____

Previous histocytological exam: _____

Clinical information (past infections, past or current therapies, etc.): _____

IN OBSTETRICAL-GYNOCOLOGICAL CASES:

Date LMP: ___/___/___ Pregnancies: ___ Abortion: ___

Any hormone therapies _____

Specialist's Signature*: _____

INVOICING AND REPORTING * (Check the corresponding box/boxes and fill in)

Mailing preferences:

PHYSICIAN / LABORATORY (According to Eurofins Genoma information sheet)

Invoice

Report

PATIENT - Online (Fill in the fields below)

Patient billing information: E-mail address: _____

Address: _____ n. _____ Zip Code: _____ City: _____ Country: _____

Patient reporting information:

E-mail address: _____ Phone number: _____

Indications for first access are available at <https://www.laboratorigenoma.eu/en/>.

I the undersigned _____ authorize in accordance with Reg. EU 2016-679 to the sending of the report in the manner indicated above.

SIGNATURE* _____ Parent and/or guardian's signature: _____

To be filled out by employees of Eurofins Genoma (Indicate the number and type of samples received):

- Slide n° _____
- Thin-prep n° _____
- Swab (Specify) _____ n° _____
- Biopsy in formalin _____ n° _____
- Other (Specify) _____ n° _____

Date and time:

Signature (Abbreviation):