LabLink Pap data form

Allina Health LABORATORY

Patient
Name:
DOB:
Date of collection:
ICD/Diagnosis code(s):

Test requested
☐ Imaged ThinPrep®, Screening ☐ Imaged ThinPrep®, Diagnostic

History and clinical findings

Date of last menstrual period/LMP (MM/DD/YYYY): _____

Last Pap date (MM/DD/YYYY): _____

Last Pap result:
- ☐ ADCA
- ☐ AGC
- ☐ AIS
- ☐ ASC-H
- ☐ ASCUS
- ☐ HSIL
- ☐ LSIL
- ☐ NIL
- ☐ SQCA
- ☐ UNS
- ☐ First Pap/Unknown

Abnormal Pap or Colposcopy biopsy in past 5 years? ☐ No ☐ Yes

Colposcopy/biopsy done today? ☐ No ☐ Yes

Menstrual status:
- ☐ Ablation
- ☐ Abnormal bleeding
- ☐ Hormonally suppressed
- ☐ Hysterectomy, cervix absent
- ☐ Hysterectomy, cervix present
- ☐ Irregular periods
- ☐ Perimenopausal
- ☐ Postmenopausal
- ☐ Postpartum
- ☐ Pregnant
- ☐ Regular periods

HPV request:
- ☐ HPV and PAP
- ☐ HPV not requested

Source: ☐ Cervical ☐ Cervical Vaginal ☐ Cervical, other ☐ Cervix ☐ Vagina ☐ Vaginal ☐ Vaginal cuff

Additional information:

This form is for data transcription only, and should not accompany the specimen to the testing laboratory.

September 2022