Ontario Health
Cancer Care Ontario

Human Papillomavirus (HPV) and Cytology Tests Requisition – For Cervical Screening

Lab Use Only

- **Eligibility Criteria:** People with a cervix age 25 and older who have ever been sexually active and have a valid OHIP number.
- Ontario Cervical Screening Program's cervical screening recommendations and cessation criteria can be found at ontariohealth.ca/OCSP-recommendations.
- **Immunocompromised populations include** people who are living with HIV/AIDS (regardless of CD4 cell count), congenital (primary) immunodeficiency, systemic lupus erythematosus (regardless of whether they are receiving immunosuppressant treatment), renal failure and require dialysis, transplant recipients (solid organ or allogeneic stem cell transplants) or people requiring treatment (either continuously or at frequent intervals) with medications that cause immune suppression for 3 years or more.
- Referral to a specialist is required for any visible cervical abnormalities.

Requester Information

Requester type (check ONE):
☐ Physician ☐ Midwife ☐ Nurse practitioner

CPSO or CNO number:

Practitioner billing number:

Last name:

Middle name:
(optional)

First name:

Address:

Fax: ( ) Phone: ( )

Copy to: Primary care provider

Last name:

First name:

Address:
(optional)

Fax: ( ) Phone: ( )

Patient Identification

(Enter information as indicated on OHIP card. Can be replaced by a sticker.)

Last name:

Middle name:
(optional)

First name:

Date of birth:
yyyy / mm / dd

Sex: ☐ Male ☐ Female

OHIP number: OHIP version:

Patient Contact

(Mailing address for result letters and other correspondence. Verify with patient.)

Building / Street number: Street name:

Apt./Unit number: City:

Province: Postal Code:

Phone: ( ) Extension:
(optional)

Type: ☐ Home ☐ Work ☐ Cell

Testing Indication for Cervical Screening

(check ONE):

A. HPV test (includes reflex cytology if HPV-positive)

- ☐ Average risk screening: every 5 years
- ☐ Immunocompromised screening: every 3 years
- ☐ HPV-positive (other high-risk types) with normal or low-grade (NILM/ASCUS/LSIL) cytology: 2-year follow-up (moderate risk)
- ☐ More frequent screening post-colposcopy: 2-year follow-up (moderate risk)
- ☐ People with histologic evidence of dysplasia in the cervix at the time of hysterectomy and people with a history of early cervical cancer: 1-time post-hysterectomy vaginal vault testing

B. Cytology test only

- ☐ Repeat after a previous HPV-positive (other high-risk types) with unsatisfactory cytology result

Specimen

Site: ☐ Cervical/endocervical ☐ Vaginal ☐ Double cervix

Special considerations for cytology interpretation:

- ☐ Intrauterine device (IUD)
- ☐ Menopausal hormone therapy (MHT)
- ☐ Post-menopausal
- ☐ Postpartum
- ☐ Pregnancy
- ☐ Subtotal hysterectomy
- ☐ Transition-related hormone therapy

Specimen collection date:
(yyyy/mm/dd)

Last menstrual period (first day):
(yyyy/mm/dd)

Clinical information

Requester Verification

Requester signature:

Date:
(yyyy/mm/dd)

Need this information in an accessible format? 1-877-280-8538, TTY 1-800-855-0511, info@ontariohealth.ca.
Document disponible en français en contactant info@ontariohealth.ca