KK Women's and Children's Hospital
SingHealth

Department/Speciality_____

Ward/Bed:_____ Clinic:_____ Class:_____

GYNAECOLOGICAL CYTOLOGY

Patient's name label

(For Downtime Use)
Name:
MRN:
Account Number:
Date of Birth:

Gynae Code | | | | |

Cytology No.:

LMP _____

No symptoms ☐

Postmenopausal ☐
Pregnant ☐
Postpartum ☐

	Yes	No
Vaginal discharge	☐	☐
Post-coital bleeding	☐	☐
Intermenstrual bleeding	☐	☐
Post-menopausal bleeding	☐	☐
Irregular periods	☐	☐

Clinical Notes (including past history):

Clinical Findings:

Vulva:

Vagina:

Cervix:

Uterus:

Adnexae:

Previous Cytology

☐ Yes ☐ Normal Details:_____

☐ No ☐ Abnormal _____

Previous Treatment	Yes	No
Surgery	☐	☐
Radiotherapy	☐	☐
Chemotherapy	☐	☐

Details:_____

	Yes	No
Oral Contraceptives	☐	☐
IUCD	☐	☐
Hormone Therapy	☐	☐

Details:_____

Clinical Diagnosis:

Colposcopy ☐ Yes ☐ No

Details:_____

Source of Smear: ☐ Cervical os ☐ Endocervix ☐ Vaginal vault ☐ Lateral vaginal wall ☐ Vaginal pool ☐ Others:_____ ☐ Consultation

Signature and Name of Requesting Doctor

Date:_____

FOR LABORATORY USE ONLY

Date/Time Received:

Date:_____ Cytotechnologist:_____