



**Dr. B.R. Ambedkar State Institute of Medical Sciences**  
**Sector-56, S.A.S Nagar, Mohali**  
**Department of Pathology**

**CERVICAL PAP SMEAR REQUEST FORM**

**Cytology No. P:**

**New/Follow Up:**

**Date:**

**Name:**

**Age:**

**Cr No:**

**Unit**

**Ward/OPD:**

**Clinician I/C:**

**Address:**

**Mobile No. (Patient):**

**Complaints:-**

Routine Screening

None

Vaginal Discharge

Irregular Bleeding

Post Coital Bleeding

Menorrhagia

Post Menopausal Bleeding

Others (Specify)

**Contraception:-**

None

Barrier

Hormonal

IUCD

Tubal

Others

**Per Speculum Findings:-**

Cervix Normal

Erosion

Bleeds on Touch

Suspicious

**Colposcopic Finding:-**

Not Done

Normal

Immature Metaplasia

Low Grade Lesion

High Grade Lesion

Invasive Carcinoma

Unsatisfactory

Others (Specify)

**History of Surgery**

Yes

No

If Yes, mention Type of Surgery: \_\_\_\_\_

**History of Radiation/ Treatment:**

Yes

No

**Clinical Diagnosis:** \_\_\_\_\_

**Doctors Signature**