

How to complete the HPV and Cytology Tests Requisition – For Cervical Screening

Inaccurate or incomplete requisition can result in testing delays or rejection of the specimen.

Requester Information

- **Requester type:** Indicate whether you are a physician, nurse practitioner or midwife. Include your full name, address, fax number and phone number.
- **CPSO or CNO number:** Provide your College of Physicians and Surgeons of Ontario (CPSO) or College of Nurses of Ontario (CNO) number. Providers completing this requisition under a medical directive should follow the documentation requirements under their medical directive. Midwives are not required to provide their registration number.
- **Practitioner billing number:** Provide your practitioner billing number.
- **Copy to:** If another physician, nurse practitioner, midwife or nurse in charge of a nursing station needs a copy of the result report, the “Copy to” field must include their full name, fax number and phone number.

Patient Identification

- **Patient information:** Provide the patient’s information, which must match the information on their OHIP card.
- **Sex:** Choose the patient’s sex, which must match the sex on their OHIP card. If their sex is unknown, this field may be left blank.

Patient Contact

- **Patient address:** Provide the patient’s address information, including street address, city, province and postal code. This information must be accurate for your patient to receive a cervical screening result letter in the mail, and to protect the patient’s privacy. It is important to verify the address with your patient. Correspondence letters will only be mailed within Ontario. If your patient does not have a fixed address, this field can be left blank. Given the importance of address accuracy, the laboratory service provider will follow up with providers if this field is blank to ensure that there is no appropriate address for the participant.
- **Phone number and phone type:** Provide the patient’s phone number and type, if available.

Testing Indications for Cervical Screening

- Choose **only one** of the screening test indications in categories “A” or “B.”
- The laboratory service provider automatically performs reflex cytology (i.e., does not need the provider to order a second test) if the specimen is positive for HPV. Choose the “Cytology test only” option if the laboratory service provider has asked for another specimen due to an unsatisfactory cytology test result.

Specimen

- **Site:** Choose the specimen collection site.
- **Double cervix:** Check this box if the patient has a double cervix. Specimens collected from participants with a double cervix should be collected in separate vials with the specimen source (i.e., right vs. left cervix) identified.
- **Special considerations for cytology interpretation:** Choose any special considerations that apply to the patient. This information will help the laboratory service provider interpret results if cytology is performed.
- **Specimen collection date:** Provide the specimen collection date.
- **Last menstrual period:** If the patient gets menstrual periods, indicate the first day of their most recent period if it is known. Patients who are menopausal do not need to indicate their last menstrual period.
- **Clinical information:** Include any additional clinical information that may be relevant.

Requester Verification

- **Requester signature:** Sign and date the requisition. A digitized image of your signature (eSignature) will only be accepted if it is generated by a certified electronic medical record (EMR) software.

