



**KEMENTERIAN KESIHATAN MALAYSIA
PERKHIDMATAN PATOLOGI**

**BORANG PERMOHONAN PAP SMEAR
PAP SMEAR REQUEST FORM**

No. Sitologi: _____

Hospital / Klinik
Hospital / Clinic

BUTIRAN PELANGGAN / CLIENT'S BIODATA

i. Nama / Name:

v. Alamat:
Address

ii. No. Kad Pengenalan / IC. No.

iii. Etnik / Ethnicity:

iv. Umur / Age:

vi. No. Telefon:

(Rumah/Home)

Phone No.

(Pejabat/Office)

BUTIRAN SARINGAN / SCREENING INFORMATION

i. Tarikh sampel diambil:
Date sample taken

v. No. sitologi terdahulu:
Previous cytology No.

ii. Jenis Sampel:
Type of sample

- Conventional Pap Smear
 Liquid-based preparation

vi. No. patologi terdahulu:
Previous pathology No.

iii. Bahagian sampel diambil
Sample site

- Serviks / cervix
 Vagina / Vagina

vii. Tempat saringan terdahulu:
Place of previous screening

iv. Jenis saringan:
Type of screening

- Pertama / new
 Ulangan / repeat

viii. Keputusan terdahulu:
Previous diagnosis

RINGKASAN KLINIKAL / CLINICAL SUMMARY

i. Status Hormon:
Hormonal status

- Hamil / Pregnant
 Postpartum / Postpartum
 Pra-menopos / Pre menopausal
 Pos-menopos / Menopausal

v. Gejala / Tanda:
Symptom / Sign

- Tiada/Nil
 Lelehan dari faraj / Vaginal discharge
 Pendarahan luar biasa / Abnormal bleeding
Nyatakan /specify

ii. Tarikh Haid terakhir:
Last menstrual period

vi. Serviks :
Cervix

- Biasa / Normal
 Luar Biasa / Abnormal
 Tiada serviks / Absent Cervix

iii. Kontraseptif / Terapi hormon:
Contraceptive / hormonal therapy:

- ADR / IUCD
 Hormon / Hormone
Nyatakan / Specify :

vii. Maklumat tambahan :
Additional information

iv. Sejarah Rawatan
Treatment History

- Kemoterapi / Chemotherapy
- Radiasi di bahagian pelvik / Pelvic radiation
Nyatakan tarikh akhir rawatan:
Specify completion date:
- Pembedahan ginekologi / Gynaecology surgery
Nyatakan / Specify :
- Tiada / None

MAKLUMAT PEMOHON / REQUESTING PRACTITIONER

Nama :
Name

Jawatan / CAP :
Designation / Stamp

Tandatangan :
Signature