

Fimlab



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INVITATION/REFERRAL

40751 -HPVnhOJ
40451 Pt-Papa-2J

INVITATION TO ATTEND CERVICAL CANCER SCREENING

Fimlab is inviting you to attend a screening examination for cervical cancer. The examination is part of a national screening programme for adults, and it supports early diagnosis and treatment of findings that suggest or predispose you to cervical cancer. The examination has been requested by the municipal authorities of where you live. It is voluntary and free of charge. Your cervical smear sample will be tested for the high-risk type of human papillomavirus (HPV). If the test is positive, the traditional Pap test will also be performed.

INSTRUCTIONS:

- SCHEDULE AN APPOINTMENT** – you can book appointments 24/7 at fimlab.fi/ajanvaraus or by calling **+358 (0)10 808 515*** Mon–Fri from 7 a.m. to 6 p.m. Fimlab's laboratories provide services at screening test sites. You can select any test site, regardless of where you live.
 - **Pirkanmaa: gynaecological samples**
Hämeenkyrö, Ikaalinen, Jämsä, Kangasala, Lempäälä, Mänttä, Nokia, Orivesi, Parkano, Pirkkala, Ruovesi, Tampere Hatanpää, Tampere Tullinkulma, Tampere Tuulensuu, Toijala, Urjala, Valkeakoski, Vammala, Vesilahti, Viiala, Virrat, Ylöjärvi.
 - **Kanta-Häme: gynaecological samples, mass screening**
Hauho, Hämeenlinna Main Health Centre, Kalvola, Lammi, Parola, Riihimäki, Renko, Forssa: appointments in Forssa are only available to customers of the Welfare District of Forssa.
 - **Central Finland: gynaecological samples, mass screening**
Hankasalmi, Jyväskylä Central Hospital, Jyväskylä laboratory, Muurame, Uurainen, Äänekoski.
- FILL IN THE PATIENT HISTORY FORM** – Fill in the patient history form on the back and bring it with you to the laboratory.

NOTE:

- **Pap smear tests cannot be performed while you are on your period.**
- You can continue to take any other treatments for this area (e.g. a vaginal suppository) normally, but you should not take it on the day the sample is collected.
- There is no need to stop taking any hormone replacement therapy medication.
- Generally, being pregnant does not prevent sampling. If you have any questions about sampling soon after childbirth, please contact your child health clinic.
- Please go for the test within a month of receiving this invitation, and in any case before the end of the year. It is not possible to postpone your screening test until next year.
- The test results will be sent to you by post within two months of you taking the test. If you would like additional information about the result or other matters related to the screening programme for adults, please contact your health centre. Additional information about the screening and the contact information for municipalities can be found at: fimlab.fi/seulonta.
- If there is a finding that requires further investigation from the sample collected in connection with the screening, we will automatically notify the place of further investigation specified by the municipality where you live. By participating in the examination, you give your consent to the processing of the data for the purpose of the examination and for submitting the data to the place of further investigation, when necessary. The examination is not possible if you do not consent to the processing of data.

English: Cervical cancer screening: www.fimlab.fi/en_screening

Svenska: Screening av livmoderhalscancer: www.fimlab.fi/sv_screening

Women are invited to attend the screening based on the Mass Screening Registry. The data is recorded in Fimlab's laboratory information system and registry.

* There is no extra charge for calls to Fimlab's service number. The exact price of the call depends on your subscription with the phone operator.

PATIENT HISTORY FORM

Surname and first names

Street address

Personal identity
code _____

Town/city

PATIENT INFORMATION FOR LAST THREE MONTHS

Date your last period started _____ / _____ 20_____

Periods ended permanently in (year) _____

	No	Yes		No	Yes
Pregnant	<input type="checkbox"/>	<input type="checkbox"/>	Continuous troublesome vaginal discharge	<input type="checkbox"/>	<input type="checkbox"/>
Breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>	Bloody vaginal discharge	<input type="checkbox"/>	<input type="checkbox"/>
Hormone replacement therapy	<input type="checkbox"/>	<input type="checkbox"/>	Bleeding after sex	<input type="checkbox"/>	<input type="checkbox"/>
Oral contraceptive	<input type="checkbox"/>	<input type="checkbox"/>	Bleeding between periods	<input type="checkbox"/>	<input type="checkbox"/>
Intrauterine device (IUD)	<input type="checkbox"/>	<input type="checkbox"/>	Bleeding after period has ended at least one year ago	<input type="checkbox"/>	<input type="checkbox"/>
Other hormonal therapy	<input type="checkbox"/>	<input type="checkbox"/>			

OTHER INFORMATION

	No	Yes	Year
Total hysterectomy (removal of the uterus)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Partial hysterectomy	<input type="checkbox"/>	<input type="checkbox"/>	_____

EARLIER PAP TESTS

	No	Yes	
Any previous samples taken?	<input type="checkbox"/>	<input type="checkbox"/>	Last sample taken in (year) _____

Number of previous samples: _____

Last sample taken in connection with
mass screening
elsewhere

ADDITIONAL INFORMATION

Have you previously been diagnosed with cancer? Where were you treated? Have you received hormone replacement therapy? Have been treated for any other problems in this area?

