

# Fimlab

PL 66  
33013 FIMLAB

INVITATION/REFERRAL

## 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](http://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 will see a list of these test sites when you select "Gynaecological samples" when scheduling an appointment online. You can select any test site, regardless of where you live.
- FILL IN THE PATIENT HISTORY FORM** – Fill in the patient history form on the back and bring it with you to the laboratory.

### PLEASE 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 them the day before the sample is collected or on the day of sample collection. There is no need to stop taking any hormone replacement therapy medication.
- Normal pregnancy up to week 35 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/hpvseulonta](http://fimlab.fi/hpvseulonta).
- 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](http://www.fimlab.fi/en_screening)  
Svenska: Screening av livmoderhalscancer: [www.fimlab.fi/sv\\_screening](http://www.fimlab.fi/sv_screening)

Women are invited to attend the screening based on the Mass Screening Registry. Registry holder for the personal data processed by Fimlab is the screened person's home municipality that has organized the screening. In order to carry out the screening, the data is stored to Fimlab's laboratory system and register, as well as into the Pirkanmaa Hospital District (PSHP) person database. More information about Fimlab's data protection practices can be found on [www.fimlab.fi/tietosuoj](http://www.fimlab.fi/tietosuoj) (in Finnish).

\*) The exact price of the call depends on your subscription with the phone operator. No extra fee will be charged when calling Fimlab's phone service.

## PATIENT HISTORY FORM

Surname and first names

Street address

Personal  
identity code

Town/city

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### PATIENT INFORMATION FOR THE LAST THREE MONTHS

Has period completely stopped (menopause)? No Yes  
   
If completely stopped, what year \_\_\_\_\_  
Date your last period started \_\_\_\_\_ / \_\_\_\_\_ 20 \_\_\_\_\_

	No	Yes		No	Yes
Pregnant	<input type="checkbox"/>	<input type="checkbox"/>	Hysterectomy (removal of the uterus) done	<input type="checkbox"/>	<input type="checkbox"/>
Less than 6 months postpartum or breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>	Extent of hysterectomy		
Hormone replacement therapy	<input type="checkbox"/>	<input type="checkbox"/>	Partial	<input type="checkbox"/>	
IUD (Intrauterine device)	<input type="checkbox"/>	<input type="checkbox"/>	Total	<input type="checkbox"/>	
Hormonal IUD	<input type="checkbox"/>	<input type="checkbox"/>	Cannot say	<input type="checkbox"/>	
Other hormonal therapy	<input type="checkbox"/>	<input type="checkbox"/>			
Bleeding after period has ended at least one year ago	<input type="checkbox"/>	<input type="checkbox"/>			

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### EARLIER PAP TESTS AND TREATMENTS

Any previous samples taken? No Yes Cannot say  
    
Last sample taken in (year) \_\_\_\_\_

Any treatment received for cervical cell changes No Yes Cannot say  
    
The last year to receive treatment for cervical cell changes \_\_\_\_\_

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### ADDITIONAL INFORMATION

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