

# Fimlab

PL 66  
33013 FIMLAB

INVITATION/REFERRAL

## INVITATION TO PARTICIPATE IN CERVICAL CANCER SCREENING

Fimlab invites you to participate in 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 your municipality of residence. 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:

1. **BOOK AN APPOINTMENT** you can book an appointment around the clock at [fimlab.fi/ajanvaraus](http://fimlab.fi/ajanvaraus) or by calling **010 808 515\*** Mon–Fri from 7–18. Fimlab's laboratories serve you at service locations that take screening samples. You will see a list of these locations when you select "Gynaecological samples" when booking an appointment online. You can select any service location, regardless of your municipality of residence.
2. **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:

- Cervical screening examinations cannot be performed while you are on your period.
- You can continue to take any other local treatments (e.g. a vaginal suppository) normally, except one day prior to and on the day of sample collection. Possible hormone replacement therapy does not need to be stopped.
- Normal pregnancy up until week 35 does not prevent sampling. You can check the instructions regarding postpartum sample collection from your own child health clinic.
- Please go to sample collection within a month of receiving this invitation, or no later than by the end of the year of invitation. It is not possible to postpone your screening examination until the following year.
- The examination results will be sent to you by post within two months of the screening examination. If you would like additional information regarding your results or other matters related to the screening programme for adults, please contact your healthcare 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 in the screening sample that requires further investigation, we will automatically notify the place of further investigation that is specified by your municipality of residence. 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. It is not possible to participate in the screening examination 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 för livmoderhalscancer: [www.fimlab.fi/sv\\_screening](http://www.fimlab.fi/sv_screening)

The information of those invited to participate in the screening is received from the Mass Screening Registry. Registry holder for the personal data that is processed is the municipality of residence of the person participating in the screening. In order to carry out the screening, the data is stored to Fimlab's laboratory information system, as well as into the people database of the wellbeing services county of Pirkanmaa. 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 phone calls is determined by the subscription agreement with the telephone company. No separate additional fee is charged for Fimlab's telephone 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 \_\_\_\_\_       
Starting date of your last period \_\_\_\_/\_\_\_\_/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 contraceptive	<input type="checkbox"/>	<input type="checkbox"/>			
Bleeding even after period has stopped at least one year ago	<input type="checkbox"/>	<input type="checkbox"/>			

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### PREVIOUS CERVICAL SCREENING SAMPLES AND TREATMENTS (PAP SMEARS)

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

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

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### ADDITIONAL INFORMATION

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