

Cervical Screening Test (CST) Resources

Order Form

Doctor Name: Address:

Practice Name:

Phone Number:

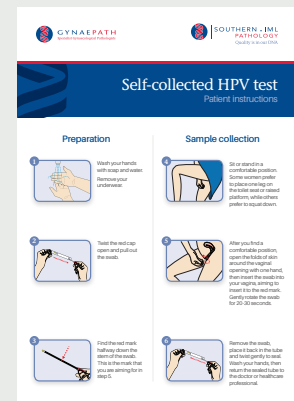
Request a follow-up from the Client Liaison representative to discuss the Cervical Screening Program



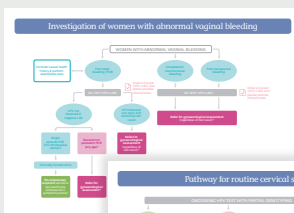
Changes to cervical screening - Information for patients DL



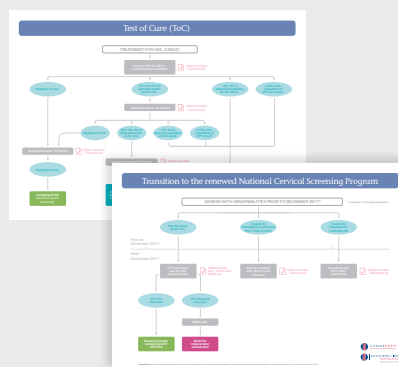
Cervical Screening Test (CST) - Collection Guide



Self-collected HPV test Patient instructions (Pads of 10)



Flowchart 1 Routine/Abnormal Bleeding



Flowchart 2 Transition/Test of Cure

Cervical Screening Test (CST) - Request Form

To action the above order, please either

- 1 Fax this back to us on (02) 4224 7457
- 2 Leave this form for collection by your Southern.IML Pathology courier