**FORMULAR PER PAP – TEST / PAP – TEST FORM**

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| --- | --- |
| EMER, MBIEMER /NAME, SURNAME |  |
| DATA E LINDJES / DATE OF BIRTH |  |
| DATA E MARJES SE MOSTRES / SPECIMEN COLLECTION DATE |  |
| DATA E DERGIMIT SE MOSTRESSPECIMEN DELIVERY DATE |  |
| DITA E PARE E CIKLIT TE FUNDIT / FIRST DATE OF LAST MENSTRUAL PERIOD |  |
| GRAVIDANCE /PREGNANCIES |  |
| LINDJE NORMALE OSE ME SECTIO / NORMAL BIRTH OR SECTIO CAESAREA |  |
| FERTILIZIM IN VITRO / IN VITRO FERTILITY |  |
| ABORTE / ABORTS |  |
| KYRETAZHE / CURETTAGE |  |
| MEDIKAMENTE / DRUGS |  |
| HORMONE (TERAPI ZEVENDESUESE ) / HORMONE REPLACEMENT THERAPY |  |
| SPIRALE ENDOCERVIKALE / ENDOCERVICAL SPIRAL |  |
| SEMUNDJE KRONIKE / CHRONIC DISEASES |  |
| OPERACIONE GJINEKOLOGJIKE / GYNECOLOGICAL SURGERY  |  |
| KIMIOTERAPI OSE RADIOTERAPI / CHEMOTHERAPY AND RADIOTHERAPY |  |
| ANAMNEZE GJENETIKE TRASHEGUESE/ HISTORY FOR GENETIC DISEASES |  |
| PAP-TEST I PARE/FIRST PAP-TEST |   Po/Yes Jo/No |
| PAP-TEST I PERSERITUR/REPEATED PAP TEST |  Po/Yes Jo/No |
| REZULTATI PAP-TESTIT TE MEPARSHEM/PREVIOUS REZULT OF PAP-TES |  |