

FORMULAR PAP TESTI
PAP TEST APPLICATION FORMULAR

Mbiemri / **Surname**: _____

Emri / **Name**: _____

Data e lindjes / **Patient birthday (date/month/year)**: ____/____/____

Data e marrjes së mostrës / **Specimen collection date (date/month/year)**: __/__/__

Data e dërgimit të mostrës / **Specimen delivery date (date/month/year)**: __/__/__

Dita e parë e ciklit të fundit / **First day of the last periods**: ____/____/____

Gravidancë / **Pregnancies**: _____

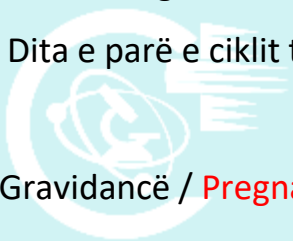
Lindje normale ose me sectio / **Normal birth or sectio caesarea**:

Fertilizim In Vitro / **In Vitro fertility**: _____

Aborte / **Abort**s: _____

Kyretazhe / **Curettage**: _____

Medikamente / **Drugs**: _____



INTERMEDICA
LABORATOR MJEKËSOR

Hormone (Terapi Zëvendësuese) / **Hormons Replacement Therapy**: _____

Spirale Endocervikale / **Endocervical Spiral**: _____

Sëmundje Kronike / **Chronic Diseases**: _____

Operacione Gjinekologjike / **Gynecological Surgery**: _____

Kimioterapi ose Radioterapi / **Chemotherapy or Radiotherapy**: _____

Anamnezë gjenetike trashëguese / **History for genetic diseases**: _____



Pap Testi i parë / **First Pap Test**: PO (Yes) JO (No)

Pap Test i përsëritur / **Repeated Pap Test**: PO (Yes) JO (No)

Rezultati i Pap Testit të mëparshëm / **Previous Pap Test results**:

