

FORMULAR PAP TESTI
PAP TEST APPLICATION FORMULAR

Mbiemri / **Surname**: _____

Emri / **Name**: _____

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

Data e marrjes së mostrës / **Collection date (date/month/year)**: ____/____/____

Dita e parë e ciklit të fundit: ____/____/____

First day of the last periods (date/month/year)

Gravidancë / **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 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**: _____

