

# Cervical Screening Test (CST) Resources

## Order Form

Doctor Name:  Address:   
Practice Name:   
Phone Number:

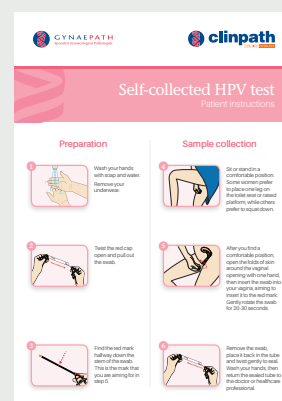
☐ Request a follow-up from a Client Liaison representative to discuss the Cervical Screening Program



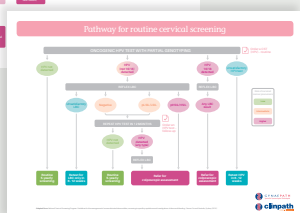
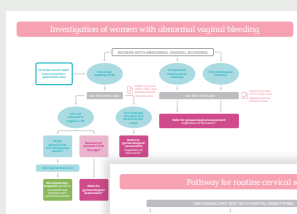
☐ Changes to cervical screening - Information for patients DL



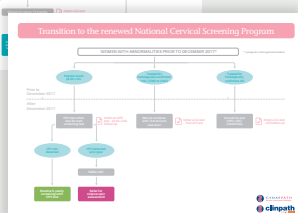
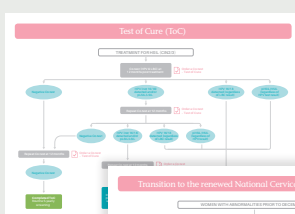
☐ Cervical Screening Test (CST) - Collection Guide



☐ 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 (08) 8366 2097    ② Email this back to us on busdev@clinpath.com.au