

SAGE *High Risk* HPV DNA Panel

Sage Encounter Number

Assign a new number for each visit.

PATIENT INFORMATION (To be completed by clinic staff)

Patient name (Last, First, MI): _____

Date specimen collected: _____
month day year

TEST INFORMATION (To be completed by cytotechnologist or pathologist)

Lab name: _____ Specimen #: _____

INTERPRETATION RESULT (To be completed by cytotechnologist or pathologist)

Negative

Positive

COMMENTS:

Date reported: _____
month day year



Please complete and return to:

Minnesota Department of Health
Sage Programs
P.O. Box 64882
St. Paul, MN 55164-0882



ID#52958

Rev. 12.2018