



Laboratory Medicine

Cytology Non-Gyn Specimen Requisition



IV2260 1357 06 2015

Name: _____

HCN: _____

Date of Birth: _____

PLEASE COMPLETE FORM LEGIBLY

1 PHYSICIAN'S FULL NAME: _____ PHYSICIAN'S ADDRESS: _____

2 PHYSICIAN'S FULL NAME: _____ PHYSICIAN'S ADDRESS: _____

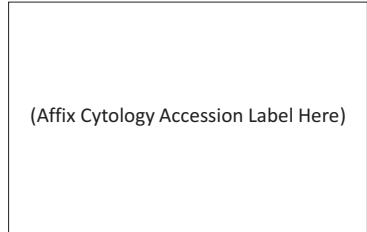
TYPE/SOURCE OF SPECIMEN: _____ GENDER: MALE FEMALE

DATE AND TIME OF SPECIMEN COLLECTION: _____ DD/MONTH/YYYY

Clinical Impression/Findings and Patient History: (Including previous surgery, medications, treatment)

NAME: _____ SIGNATURE: _____ DATE: _____ DD/MONTH/YYYY

LABORATORY USE ONLY



(Affix Cytology Accession Label Here)

SPECIMEN DESCRIPTION: _____

SLIDE PREPARATION:

LIQUID BASED

Number Liquid Based Slides: _____

CELL BLOCK: YES NO

CELL BUTTON: _____

CONVENTIONAL (Direct Smears)

Number Diff-Quik Slides: _____ Number Pap Slides: _____

CELL BLOCK PREPARED IN FORMALIN: YES NO

CELL BUTTON: _____

CYTOTECHNOLOGIST:

SATISFACTORY UNSATISFACTORY
 NO MALIGNANT CELLS SEEN ABNORMAL

COMMENTS: _____

PATHOLOGIST:

SATISFACTORY UNSATISFACTORY
 NO MALIGNANT CELLS SEEN ABNORMAL

COMMENTS: _____

CYTOTECHNOLOGIST'S NAME: _____

PATHOLOGIST'S NAME: _____

CYTOTECHNOLOGIST'S SIGNATURE: _____

PATHOLOGIST'S SIGNATURE: _____

DATE REPORTED: _____ DD/MONTH/YYYY

DATE REPORTED: _____ DD/MONTH/YYYY