



Laboratory Medicine

# Cytology Non-Gyn Specimen Requisition



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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CYTOTECHNOLOGIST'S NAME: \_\_\_\_\_

CYTOTECHNOLOGIST'S SIGNATURE: \_\_\_\_\_

DATE REPORTED: DD/MONTH/YYYY

**PATHOLOGIST:**

SATISFACTORY  UNSATISFACTORY

NO MALIGNANT CELLS SEEN  ABNORMAL

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PATHOLOGIST'S NAME: \_\_\_\_\_

PATHOLOGIST'S SIGNATURE: \_\_\_\_\_

DATE REPORTED: DD/MONTH/YYYY