



CYTOLOGY REQUISITION

Date of collection: _____

Surgeon/Physician: _____

Physician Address: _____

Cooperation is needed in supplying any and all pertinent history.

Admitting diagnosis/history: _____

Patient Information:

Name: _____

Address: _____

DOB: _____

SS # _____

Phone: _____ Sex M / F

PLEASE INCLUDE INSURANCE INFORMATION

Previous diagnosis of carcinoma Yes No Primary: _____

Treatment with irradiation and/or chemotherapy: No Yes - If yes when? _____

TYPE OF SPECIMEN: For Cytologic Examination

<p>Respiratory Tract:</p> <p>___ Sputum</p> <p>___ Bronchial washing</p> <p>___ Bronchia brushing</p> <p> Lobe _____</p> <p>___ Bronchial lavage</p>	<p>Effusions:</p> <p>___ Pleural fluid</p> <p> right _____ left _____</p> <p>___ Peritoneal fluid</p> <p>___ Pelvic washing</p> <p>___ Other _____</p>	<p>Cyst Fluid:</p> <p>___ Ovarian</p> <p> right _____ left _____</p> <p>___ Other _____</p>
<p>Breast:</p> <p>___ Nipple secretions</p> <p> right _____ left _____</p> <p>___ Aspiration</p> <p> right _____ left _____</p>	<p>Gastrointestinal Tract:</p> <p>___ Esophageal brushing</p> <p>___ Gastric brushing</p> <p>___ Duodenal brushing</p> <p>___ Ampulla brushing</p> <p>___ Other _____</p>	<p>Urinary Tract:</p> <p>___ Voided urine</p> <p>___ Urine from catheter</p> <p>___ Kidney urine</p> <p> right _____ left _____</p>
<p>Miscellaneous:</p> <p>___ CSF</p> <p>___ Lesion scraping of _____</p> <p>___ Other _____</p>	<p>Needle Aspiration Biopsy:</p> <p>___ Liver ___ Pancreas</p> <p>___ Lung ___ Lobe</p> <p>___ Thyroid right _____ left _____</p> <p>___ Adrenal right _____ left _____</p> <p>___ Kidney right _____ left _____</p> <p>___ Lymph node</p> <p>___ Other: _____</p>	

Gross description **FOR LAB USE ONLY** Cell block Yes No

Immediate Interpretation: _____

