



CYTOPATHOLOGY/GYNECOLOGICAL REQUISITION SATELLITE SITES

RESULTS REPORTING LOCATION CODE

BIRTHDATE

NAME

REG. NO.

VISIT #:

- Routine
STAT

ORDER DATE: (mm/dd/yy)

Empty box for Results Reporting Location Code

Bill research account # 7

ICD-9 Code/Diagnosis:

Ordering Clinician to receive report: See label above

Collected by:

UMHS Dr. #:

Collected Date:

Collection Time:

Attending Physician: (if different from above)

UMHS Dr. #:

NON-GYNECOLOGICAL AND FINE NEEDLE ASPIRATION

LOCATION: LEFT RIGHT UPPER LOBE MIDDLE LOBE LOWER LOBE

NON-GYNECOLOGICAL: SCRAPING IMPRINT

FINE NEEDLE ASPIRATION

- Anal
Bronchial: Brushing Washing Lavage
CSF
Diaphragm Scraping Esophageal Brushing Gastric Brushing
Fluid: Pleural Fld Peritoneal Fld (Ascitic Fld) Pericardial Fld Peritoneal Washing (Intraoperative) Pelvic Wash: Specify
Nipple Discharge
Sputum
Urinary Tract: Urine: Voided Instrumented Catheterized Stoma Washing: Bladder Renal Pelvis Urethral Ureteral
Other: Specify

ASPIRATION CYTOLOGY SERVICE: To request Fine Needle Aspiration Cytology of palpable superficial lesions to be performed by the Cytopathologist, call 6-6799 or 6-6800. Use the Inpatient or Outpatient Consultation Referral Sheet and this requisition.

- Adrenal
Breast
Kidney
Liver
Lung
Lymph Node: Specify location:
Pancreas
Salivary Gland: Specify Gland:
Thyroid Specify site:
Transbronchial (Wang) Specify site:
Other: Specify:

RELEVANT HISTORY (SPECIMENS WITHOUT HISTORY NOT ACCEPTED)

HAS PATIENT RECEIVED: Radiation Cytotoxic Drugs Please Explain:

FOR PATHOLOGY USE ONLY

Specimen Type, Specimen Adequacy, Gross Description, Accession # CN, DX, # Slides, Cell Block

GYNECOLOGICAL

- Screening Pap: This Pap test is part of the routine physical examination (NO patient complaints)
Diagnostic Pap: Patient has had previous abnormal test, findings, symptoms or significant complaints.

Reflexive HPV Test Requests (ThinPrep Only): Specimen will be held 21 days for additional test requests. Please Specify: If ASCUS Only All Atypical/Abnormal Results For All Results

Specimen Type: Cervical/Endocervical Vaginal Vulvar Other

RELEVANT HISTORY (SPECIMENS WITHOUT HISTORY NOT ACCEPTED):

LMP: LMP Unavailable (\*For women less than 50 years of age, an LMP or reasonable estimate of days or months must be provided.)

Pregnant: # Weeks Post Partum: # Weeks Postmenopausal

Table with 4 columns: IUD in place, Gynecological complaint, Abnormal cervix, Previous gynecologic surgery, Significant Nongynecological Diseases/Abnormalities, No, Yes, Previous Gynecological cancer, Chemotherapy, Hormonal Therapy, Radiation Therapy, Previous Abnormal Pap Smear, No, Yes

M.D. Code, Accession # CG, C.T., # Slides, FINAL REPORT DX: