

Cytopathology Request Form

Lab barcode label

Collection Date: _____
Collection Time: _____

Requesting Doctor
Full name: _____
Signature: _____
Report to: Dr. _____
Telephone No.: _____
Address: _____

For Lab use: Receive Date: _____ Time: _____
Fixation Date: _____ Time: _____

SPECIMEN STORAGE

- Fresh, no fixative added (kept at 4° C / Room Temp)
 Collected in bottle with prefilled fixative.

SPECIMEN NATURE

Fluid and Fluid Spaces:

- | | | | |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Lt pleural fluid | <input type="checkbox"/> Peritoneal fluid | <input type="checkbox"/> Urine-voided | <input type="checkbox"/> CSF (LP) |
| <input type="checkbox"/> Rt pleural fluid | <input type="checkbox"/> Peritoneal washings | <input type="checkbox"/> Urine-catheter-bladder | <input type="checkbox"/> CSF (other) |
| <input type="checkbox"/> Pericardial fluid | <input type="checkbox"/> Subdiaphragmatic
Scrappings | <input type="checkbox"/> Urine-Lt ureter | <input type="checkbox"/> Others _____ |
| | | <input type="checkbox"/> Urine-Rt ureter | |

Respiratory System:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Sputum | <input type="checkbox"/> Brush (Smear) | <input type="checkbox"/> Broncho-alveolar Lavage | <input type="checkbox"/> Topographic location:
_____ |
| <input type="checkbox"/> Sputum-induced | <input type="checkbox"/> Brush (Washing) | <input type="checkbox"/> Bronchial Aspirat | <input type="checkbox"/> Others _____ |
| <input type="checkbox"/> Tracheal Aspirate | <input type="checkbox"/> Bronchial Trap | <input type="checkbox"/> Transbronchial NA | |

Gynaecological System:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Cervical Smear | <input type="checkbox"/> Endocervical Brush | <input type="checkbox"/> Vault Smear | <input type="checkbox"/> Endometrial Aspirate |
| <input type="checkbox"/> Cervical cytology-hrHPV DNA co-testing | | <input type="checkbox"/> hrHPV DNA testing only | |
| <input type="checkbox"/> Reflex hrHPV DNA testing in ASC-US | | <input type="checkbox"/> Reflex hrHPV genotype (16,18) in HPV infection | |

Fine Needle Aspiration:

- FNA (Specific site) _____
Image-guided: X-Ray Ultrasound CT Mammography Others: _____

Other Cytology:

- Other (Please specify) _____

CLINICAL INFORMATION

LMP: (DD/MM/YY) ____/____/____ Pregnant Post-natal: ____weeks Radiotherapy: Yes / No
Menopause age: ____ Oral Contraceptive: Yes / No Year commenced: ____
IUCD in-site: Yes / No Other hormones: Yes / No Chemotherapy: Yes / No
Year commenced: ____

CLINICAL DATA & DIAGNOSIS: