

CYTOLOGY REQUISITION

Pathology and Laboratory Medicine
600 University Avenue, 6th Floor
Toronto, Ontario, Canada M5G 1X5
MSH 754 (Rev. 10.2009)

* MSID:

* NAME: (last, first)

* OHIP/HIN, Ver:

* D.O.B. (yyyy/mm/dd)

* GENDER

Male

Female

SPECIMEN COLLECTION DETAILS

** Mandatory Information*

* Patient Location:

* Priority:

* Staff Doctor: (last, first)

* Date: (yyyy/mm/dd)

* Time: (24hr)

* CPSO:

Tel:

Ext:

* Collected By: (last, first)

* Radiologist: (last, first)

* Radiologist CPSO:

CSF MUST BE DELIVERED TO THE LABORATORY WITHIN ONE HOUR OF COLLECTION

* Pertinent History/Diagnosis/Previous Cytology/Treatment:

ABSCENCE OF HISTORY OR PERTINENT INFORMATION MAY LIMIT OR DELAY THE LABORATORY'S ABILITY TO FULLY EVALUATE THE SPECIMEN

NON-GYNAECOLOGICAL

*Please identify the side from which the specimen was obtained:

RIGHT

LEFT

BRUSHINGS/WASHINGS:
(site and source)

RESPIRATORY: (site)

FINE NEEDLE ASPIRATION BIOPSY:

- Bronchoalveolar Lavage (BAL)
- Sputum
- Washings

- Axilla
- Lymph Node

- Gastrointestinal**
- Liver
 - Pancreas
 - Stomach

FLUIDS/EFFUSION:

URINARY TRACT:

Breast

Head and Neck

- Cerebrospinal fluid
- Nipple Discharge
- Pericardial
- Peritoneal
- Pleural
- Synovial fluid (site):

- Bladder Wash
- Catheter
- Ureter
- Voided

- Cystic
- Solid

- Lymph Node
- Salivary Gland

- Chest/Lungs
- Cystic
 - Solid
 - TBNA

- Thyroid
- Cystic
 - Isthmus
 - Solid

OTHER: (specify site, source, side and nature of lesion): _____

GYNAECOLOGICAL

* Brush / Broom must be removed at the time of collection *

SOURCE

LMP: (yyyy/mm/dd)

Gravida

Para

Please select all that apply:

- Cervical
- Endocervix
- Lateral Vaginal Wall for M.I.
Upper 1/3 Vaginal wall
- Vaginal
- Vulva

MENOPAUSE:

N Y - Date: (yyyy/mm/dd)

PREVIOUS ABNORMAL SMEAR

N Y - Diagnosis:

PREVIOUS COLPOSCOPY:

N Y - Diagnosis:

- Abnormal Bleeding
- Cervical lesion
- Contraceptive
- Discharge
- Estrogen/Progesterone Therapy
- HPV Vaccinated
- Hysterectomy
- IUD
- Post-Partum # Wks:
- Pregnant # Wks: