





## **Appendix 1 DSM Non-Gynaecological Cytology Requisition Information Sheet**

- Note:** - Duplicate or triplicate copies of requisition no longer required.  
- Use this requisition for all Cytology specimens **except** PAP smears  
- Print Clearly

1. Complete the following **required** physician demographics:

- Name of physician ordering test: Last Name, First name
- If other physicians require a copy of the report include
  - Physician's Name: Last name, First name
  - Physician's Address
  - Physician's fax number/ phone number
- If specimen is being referred in from an external location include:
  - Name of referring institution; and
  - Address of referring institution.
- If physician requests to be contacted by the pathologist:
  - Contact: Last name, First name;
  - Telephone number; and
  - Pager number.
- Physician's **signature** (or designate- for non invasive procedures)
- Indicate the appropriate location for the final report

1. Complete all of the following **required** patient demographics:

- Patient Name: Last name, First name;
- Date of birth: dd/mm/yyyy;
- Check the appropriate box indicating gender;
- Facility Medical Records Number (MRN);
- PHIN (or equivalent);
- Out-of-Province patients must indicate the PHIN number including the issuing province;
- Print physician's name: Last name, First name; and
- **Specimen collection** date and time

2. One specimen per requisition.

3. Indicate the type of fixative which specimens are submitted in (if applicable).

4. Indicate the type of specimen(s) submitted.

5. Indicate Investigation Required. I.e. Tumor cells, virals, PCP, etc.

6. Document the type of operation or procedure performed.

7. Document **all relevant clinical data** including any previous pathology/cytology.