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**NON-GYNAECOLOGICAL CYTOLOGY
LABORATORY REQUISITION
DEPARTMENT OF PATHOLOGY**

NAME OF PHYSICIAN ORDERING TEST:
(LAST) (FIRST)

LOCATION/WARD:

Copy of report to:
Address
Fax/Phone

PATIENT NAME:
(LAST) (FIRST)

DATE OF BIRTH: GENDER: M F
DD/MM/YYYY

REFERRING INSTITUTION NAME AND ADDRESS
OR CODE (FOR EXTERNAL LOCATIONS):

FACILITY HEALTH RECORD NO.:

CONTACT

PERSONAL HEALTH ID NO. (PHIN):
PATIENT PHONE #: (PROV. OR INST.)

TELEPHONE PAGER
Critical Result Phone #

PHYSICIAN (PRINT):
(LAST) (FIRST)

PHYSICIAN'S SIGNATURE

COLLECTION DATE and TIME:

**PLEASE COMPLETE THE INFORMATION ABOVE, PRINT CLEARLY
*** Specimens may not be examined without the appropriate Demographics and Clinical Information *****

***SPECIMENS MUST BE IDENTIFIED WITH PATIENT NAME, PHIN, AND SPECIMEN SITE.**

INVESTIGATION REQUIRED: TUMOR CELLS OTHER (specify) _____

TYPE OF SPECIMEN: (with *exact* location)

- | | | | | | |
|---|---------------------------------|---------------------------------------|--|--------------------------------|----------------------------------|
| <input type="checkbox"/> BAL | <input type="checkbox"/> Right | <input type="checkbox"/> Left | <input type="checkbox"/> Sputum | | |
| <input type="checkbox"/> Bronchial wash | <input type="checkbox"/> Right | <input type="checkbox"/> Left | <input type="checkbox"/> Pleural | | |
| <input type="checkbox"/> Bronchial brush | <input type="checkbox"/> Right | <input type="checkbox"/> Left | <input type="checkbox"/> Peritoneal | <input type="checkbox"/> Fluid | <input type="checkbox"/> Washing |
| <input type="checkbox"/> Urine | <input type="checkbox"/> Voided | <input type="checkbox"/> Catheterized | <input type="checkbox"/> Pericardial Fluid | | |
| <input type="checkbox"/> Breast | <input type="checkbox"/> Right | <input type="checkbox"/> Left | <input type="checkbox"/> CSF | | |
| <input type="checkbox"/> FNA (specify site) _____ | | | | | |
| <input type="checkbox"/> Other (specify) _____ | | | | | |

CLINICAL DATA:

Any previous tumors (malignant or benign) _____

Please list all relevant clinical information.