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LABORATORY
NONGYN CYTOLOGY REQUEST

PATIENT INFORMATION

Last Name	First	Middle	Date ordered	Ordering Physician	Date Received
Street Address			Insurance Carrier		
City	State	Zip Code	Group#		
Telephone#	Age	Date of Birth	ID #		
Medical Records Number / Hospital Number			Social Security #		
DIAGNOSIS			DIAGNOSTIC CODE		

HISTORY - NONGYN SPECIMEN *SPECIMEN SUBMITTED - NONGYN CYTOLOGY*

SPECIMEN SOURCE		SPECIMEN SOURCE		SPECIMEN SOURCE		SPECIMEN SOURCE	
Sputum		Peritoneal / Plevic Wash		Cyst Fluid Source:		Needle Aspiration Source: ❑ Thyroid ❑ Lung ❑ Breast ❑ Other, Specify:	
Bronchial Brush		Urine ❑ Voided ❑ Catheter ❑ Bladder Wash					
Bronchial Washing				Nipple Discharge Source:			
Pleural / Thoracentasis Fluid							
Perioneal / Paracentesis Fluid		Esophageal Brush		Spinal Fluid		Other - Specify:	
Cul De Sac Fluid		Gastric Brush		Post - Vas			

CLINICAL INFORMATION

PERTINENT CLINICAL DATA: _____

_____

_____

RADIOLOGIC FINDING: ❑ Normal ❑ Abnormal _____

_____

IMAGING TECHNIQUE USED: ❑ No ❑ Yes ❑ Fluoroscopy ❑ Ultrasound ❑ CT Scan ❑ MRI

PREVIOUS HISTORY OF CANCER: ❑ No ❑ Yes _____

THERAPY FOR CANCER: Date _____ ❑ Radiation ❑ Chemotherapy ❑ Surgery ❑ Other:

_____

PREVIOUS CYTOPATHOLOGY: (Date & Lab) _____

PREVIOUS HISTOPATHOLOGY: (Date & Lab) _____

CLINICAL IMPRESSION: _____

_____

_____

Additional Clinical Comments:

Cytologic Diagnosis:

Pathologist Comments: