

\_\_\_\_\_  
 PATIENT NAME

 \_\_\_\_\_  
 HEALTH RECORD NO.

# Non-Gyn Cytology • Requisition

## CLINICIAN INFORMATION

CLINICIAN PERFORMING PROCEDURE (PLEASE PRINT):	
ORDERING CLINICIAN (PLEASE PRINT):	
CLINICIAN ADDRESS:	
NATIONAL PROVIDER IDENTIFIER (NPI):	
CLINICIAN SIGNATURE:	
TELEPHONE #:	FAX #:
COLLECTION DATE:	COLLECTION TIME:

## PATIENT INFORMATION

DATE OF BIRTH:	<input type="checkbox"/> Female <input type="checkbox"/> Male
SPECIMEN PRIORITY:	
<input type="checkbox"/> Routine <input type="checkbox"/> Stat	
CLINICAL DIAGNOSIS & HISTORY:	
CC RESULTS TO THE FOLLOWING PROVIDER(S):	

**SPECIMEN NUMBER:** \_\_\_\_\_

**TEST:**

- Urine Cytology
- Anal Cytology
- CSF Cytology
- All Other

**TYPE:**

- FNA
- Brushing
- Washing
- Fluid
- Swab/Smear

**SOURCE:**

\_\_\_\_\_

- Will you place or have you placed an order for additional lab tests to be performed on the specimen in THIS container
- Rule out leukemia or lymphoma (for flow cytometry)?

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