



CYTOPATHOLOGY REQUISITION

ACCESSION NO. _____

| | | | | | |
|------------------------|------------|------------------------|-----|-------|--------------|
| LAST NAME | FIRST NAME | MI | DOB | SEX | PHONE NUMBER |
| MAILING ADDRESS | | CITY | | STATE | ZIP CODE |
| SOCIAL SECURITY NUMBER | | RESPONSIBLE PARTY NAME | | | |

| | |
|-----------------------------|---------------|
| INSURANCE NAME AND ADDRESS: | INSURANCE ID: |
| | GROUP NO.: |

PLEASE ATTACH COPY OF INSURANCE CARD

| | | |
|-------------------------------|---------------------|------------------|
| SIGNIFICANT CLINICAL HISTORY: | ORDERING PHYSICIAN: | COLLECTION DATE: |
| | COPY TO: | ICD-9 CODE(S): |

| 1. SPECIMEN SITE/SOURCE | LAB --> USE --> ONLY --> | SLIDES | NEEDLE RINSE | FLUID |
|---|--------------------------------|---|--|--|
| FISH if Atypical Urine <input type="checkbox"/> | | DQ smears _____ FX smears _____ AD smears _____ | Volume _____ Color _____ Clear <input type="checkbox"/> vs. Cloudy <input type="checkbox"/> Particulates <input type="checkbox"/> Formalin <input type="checkbox"/> Cytolyt <input type="checkbox"/> EtOH <input type="checkbox"/> Cell Block <input type="checkbox"/> ThinPrep <input type="checkbox"/> | Volume _____ Color _____ Clear <input type="checkbox"/> vs. Cloudy <input type="checkbox"/> Fresh <input type="checkbox"/> Fridge <input type="checkbox"/> Cell Block <input type="checkbox"/> ThinPrep <input type="checkbox"/> |
| | | | | <u>OTHER</u> RPMI <input type="checkbox"/> Saline <input type="checkbox"/> Asuragen <input type="checkbox"/> |
| 2. SPECIMEN SITE/SOURCE | LAB --> USE --> ONLY --> | SLIDES | NEEDLE RINSE | FLUID |
| FISH if Atypical Urine <input type="checkbox"/> | | DQ smears _____ FX smears _____ AD smears _____ | Volume _____ Color _____ Clear <input type="checkbox"/> vs. Cloudy <input type="checkbox"/> Particulates <input type="checkbox"/> Formalin <input type="checkbox"/> Cytolyt <input type="checkbox"/> EtOH <input type="checkbox"/> Cell Block <input type="checkbox"/> ThinPrep <input type="checkbox"/> | Volume _____ Color _____ Clear <input type="checkbox"/> vs. Cloudy <input type="checkbox"/> Fresh <input type="checkbox"/> Fridge <input type="checkbox"/> Cell Block <input type="checkbox"/> ThinPrep <input type="checkbox"/> |
| | | | | <u>OTHER</u> RPMI <input type="checkbox"/> Saline <input type="checkbox"/> Asuragen <input type="checkbox"/> |
| 3. SPECIMEN SITE/SOURCE | LAB --> USE --> ONLY --> | SLIDES | NEEDLE RINSE | FLUID |
| FISH if Atypical Urine <input type="checkbox"/> | | DQ smears _____ FX smears _____ AD smears _____ | Volume _____ Color _____ Clear <input type="checkbox"/> vs. Cloudy <input type="checkbox"/> Particulates <input type="checkbox"/> Formalin <input type="checkbox"/> Cytolyt <input type="checkbox"/> EtOH <input type="checkbox"/> Cell Block <input type="checkbox"/> ThinPrep <input type="checkbox"/> | Volume _____ Color _____ Clear <input type="checkbox"/> vs. Cloudy <input type="checkbox"/> Fresh <input type="checkbox"/> Fridge <input type="checkbox"/> Cell Block <input type="checkbox"/> ThinPrep <input type="checkbox"/> |
| | | | | <u>OTHER</u> RPMI <input type="checkbox"/> Saline <input type="checkbox"/> Asuragen <input type="checkbox"/> |