



## LABORATORY REQUEST CYTOLOGY

This form when completed constitutes a referral to VIHA laboratory physicians.

<b>ORDERING PHYSICIAN</b> Last name, First name	Patient Demographic Information	
<b>MSP PRACTITIONER #</b>	Name	
<b>Copy of results to:</b>	Last name, First name          MSP#	MRN
	Last name, First name          MSP#	Encounter
	Last name, First name          MSP#	Birthdate (dd/mmm/yyyy)          GENDER
		PHN
		Location / Address
		<b>PHYSICIAN SIGNATURE:</b>

### Relevant History and Clinical Diagnosis:

Date Collected: dd/mmm/yyyy

Time Collected:

Collected By: (print)

### Exact Site and Type of Sample:

\*\* Fix Cytology Samples in **CytoLyt**<sup>®</sup>

	Sample	Laterality/Location	Initials/Signature
1	<input type="checkbox"/> Sputum <input type="checkbox"/> FNA <input type="checkbox"/> Washing <input type="checkbox"/> Fluid <input type="checkbox"/> Brush <input type="checkbox"/> Urine – voided <input type="checkbox"/> Lavage <input type="checkbox"/> Urine – catheterized <input type="checkbox"/> Other - Specify		
2	<input type="checkbox"/> Sputum <input type="checkbox"/> FNA <input type="checkbox"/> Washing <input type="checkbox"/> Fluid <input type="checkbox"/> Brush <input type="checkbox"/> Urine – voided <input type="checkbox"/> Lavage <input type="checkbox"/> Urine – catheterized <input type="checkbox"/> Other - Specify		
3	<input type="checkbox"/> Sputum <input type="checkbox"/> FNA <input type="checkbox"/> Washing <input type="checkbox"/> Fluid <input type="checkbox"/> Brush <input type="checkbox"/> Urine – voided <input type="checkbox"/> Lavage <input type="checkbox"/> Urine – catheterized <input type="checkbox"/> Other - Specify		
4	<input type="checkbox"/> Sputum <input type="checkbox"/> FNA <input type="checkbox"/> Washing <input type="checkbox"/> Fluid <input type="checkbox"/> Brush <input type="checkbox"/> Urine – voided <input type="checkbox"/> Lavage <input type="checkbox"/> Urine – catheterized <input type="checkbox"/> Other - Specify		

**Total number of samples submitted for Cytology:**

If more than 4 samples, please use an additional requisition and submit all samples and requisitions together.