

PHN/Healthcare Number

Client Response Centre 780.407.7484

<input type="checkbox"/> M	Patient Legal Name (Last)	(First)	(Initial)	D O B	DD	MM	YY	Full Name & Location <u>MUST BE PROVIDED</u> <input type="checkbox"/> Copy to Name _____ Physician Code _____ Address _____ _____
<input type="checkbox"/> F								
Address				City		Prov.		Postal Code
Chart #		Patient Phone #		Lab #				
Ordering Physician / Practitioner				Physician Code		Specimen Event Type		Bill Type CPL <input type="checkbox"/> Alberta Health Care OR CO <input type="checkbox"/> Company OT <input type="checkbox"/> Out of Prov XX <input type="checkbox"/> Pre-paid PB <input type="checkbox"/> Patient Bill Co. name _____ Address _____ Client # _____
Ordering Address / Location				Report Location Code		IA <input type="checkbox"/> AUXILIARY IP <input type="checkbox"/> IN PT OP <input type="checkbox"/> OUT PT AP <input type="checkbox"/> AMBUL HC <input type="checkbox"/> HMCARE ST <input type="checkbox"/> STAFF EN <input type="checkbox"/> ENVIRON WCB <input type="checkbox"/> WORKER'S COMP		
Report address if different								
Date specimen collected		TIME (24 h)		Col. Location		Collector		
DD	MM	YY						

Cytopathology / Tissue Pathology

- | | | | |
|--------------------------------------------------|------------------------------------------------|-----------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Tissue Pathology | <input type="checkbox"/> Aspirate _____ | <input type="checkbox"/> Bronchial Wash _____ | <input type="checkbox"/> Urine voided |
| <input type="checkbox"/> Nongyne Cytology | <input type="checkbox"/> BAL _____ | <input type="checkbox"/> CSF | <input type="checkbox"/> Peritoneal |
| <input type="checkbox"/> Gyne Cytology | <input type="checkbox"/> Bronchial Brush _____ | <input type="checkbox"/> Sputum | <input type="checkbox"/> Pleural |
| | | | <input type="checkbox"/> Other _____ |

SPECIMENS: <u>Nature & exact anatomical site</u> for each specimen: 	Summary of History Must Be Provided / Operative findings:
Specimen Appearance: <i>(for lab use only)</i> 	Signature _____
Tech Comments: <i>(for lab use only)</i> <div style="text-align: right; border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> AP Accession Number </div>	