

Date: November 1, 2012
To: South Zone – West
All Physicians and Nursing Unit Managers
From: AHS Laboratory Services – South Zone (West)
Re: Revised Non-Gynecological Cytology Request Form (101945 – 2012-07)

PLEASE POST OR DISTRIBUTE AS WIDELY AS APPROPRIATE

Key Messages:

Effective immediately, the Chinook Regional Hospital Laboratory Non-Gynecological Cytology Request Form (#101945) has been revised with changes in specimen types. An area to request additional testing has also been added.

Sources have been added to specimen types:

- Specimen types:
 - CYB, Brushing
 - CYU, Urine
 - CYW, Washing
 - CYSL, Slide(s) Only
 - CYBR, Breast
 - CYTH, Thyroid

An area to request for additional testing i.e. flow cytometry, pneumocystic jiroveci pneumonia (PJP) stain and a corresponding surgical sample has been added. When any Cytology related testing is requested, check off the appropriate box and indicate a detailed description of the test in the ADDITIONAL PATIENT HISTORY AND COMMENTS box on the back side of the request form.

Why this is important:

Complete clinical information will ensure appropriate testing is done and will provide an accurate diagnosis to the physician.

Action Required:

- DISCARD any existing stock of old Cytology Request forms (101945 – **09/10**).
- Replace all previous Cytology Request forms with the revised form dated 101945 – **2012-07** in the bottom left hand corner.
- Complete all relevant information in the following sections:
 - Non Gynecological Cytology Patient History
 - Clinical Presentation of the Lesion
 - Imaging Appearance of the Lesion
 - Additional Testing
 - Non Gynecological Exfoliative Cytology – *Circle the exact specimen type and indicate the site*

Inquiries and feedback may be directed to:

- Denise LaPerle, Technical Supervisor, Cytology at 403-388-6162 or
- Dr. Csaba Hegedus, Cytology Consultant Pathologist at 403-388-6628

This bulletin has been reviewed and approved by
Dr. B. Popma, Zone Clinical Department Head (Co-Lead) Laboratory Medicine, South Zone
Dorothy Ward, South Zone Laboratory Director

Non-Gynecological Cytology Request

Client Service Centre

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Phone: 403.388.6057 • Fax.: 403.388.6068

Account #
Place
Barcode
Label
Here

Surname		First name		Female <input type="checkbox"/>	Date Collected
				Male <input type="checkbox"/>	
Address			City/Town		Time Collected
Postal Code	Phone Number		D.O.B. (yyyy-Mon-dd)		Collected by
Personal Health Number	Chart#		PS/		Ordering Physician

Circle code for examination and source IP OP DS CC Copies To

Non-Gynecological Cytology Patient History	Clinical Presentation Of The Lesion	Imaging Appearance of the Lesion
BT Bladder Tumour	CYST Cyst	BENIGN Benign Appearance
HEM Hematuria	SOLID Solid Mass	INDETER Indeterminate Appearance
PA Previous Abnormal Pathology Specify: _____	MULTI Multinodular / Multifocal	MALIG Malignant Appearance
PET Previous Malignancy Specify: _____	COMPLEX Complex lesion	
TX Local Treatment	LYMPH Lymphadenopathy Local Generalized	
	B SYMPT B Symptoms	

Additional Testing

- PJP stain Corresponding surgical sample Other: _____
 Flow Cytometry - Panel Lymphocyte Subset Panel
 Interstitial Lung Disease Other: _____
 Lymphoma

Non-Gynecological Exfoliative Cytology	Non-Gynecological Exfoliative Cytology	Non-Gynecological FNA Cytology
CYB Brushing Lung: LLL LUL RLL RML RUL Bladder Common Bile Duct (CBD) Renal Pelvis: Left Right Ureter: Left Right Urethra Other site: _____ CYBL Bronchoalveolar Lavage LLL LUL RLL RML RUL CYFL Fluid Pleural effusion: Left Right Abdominal Cerebral Spinal Fluid (CSF) Synovial Other: _____ CYND Nipple Discharge Left Right	CYSL Slides(s) Only Core biopsy imprint: Liver: Lung: RLL RML RUL LLL LUL Lymph Node Site: _____ Pancreas Salivary Gland Left Parotid Right Parotid Left Submandibular Right Submandibular Other: _____ Oral Mucosa Skin Other site: _____ CYSP Sputum CYU Urine Voided Ileal conduit Catheter CYW Washing Lung: RLL RML RUL LLL LUL Bladder Renal Pelvis: Left Right Ureter: Left Right Urethra Other site: _____	CYBR Breast FNA / Core Biopsy Imprint Site: Left (BL) Right (BL) Quadrant: UO UI LO LI Subareolar CYFNA FNA, Fluid and/or Slide Liver Lung: RLL RML RUL LLL LUL Lymph Node Site: _____ Pancreas Head Body Tail Salivary Gland Left Parotid Right Parotid Left Submandibular Right Submandibular Other: _____ CYTH Thyroid FNA / Core Biopsy Imprint Left Lobe Right Lobe Isthmus

Gross Description (Lab Use Only)

SAMPLE