

## Non-Gynecological Cytology Request

### South Zone West

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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

IP    OP    DS    CC    CC

(Circle) code for examination and source

Copies To \_\_\_\_\_

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

**Additional Testing**

PJP stain                       Corresponding surgical sample                       Other: \_\_\_\_\_

Flow Cytometry Select Panel

Interstitial Lung Disease                       Lymphoma Subset Panel

Lymphoma                       Other: \_\_\_\_\_

Non-Gynecological Exfoliative Cytology	Non-Gynecological Exfoliative Cytology	Non-Gynecological FNA Cytology
<p><b>CYB Brushing</b> Lung: LLL                      LUL RLL                      RML                      RUL RML RUL Common Bile Duct (CBD) Other site: _____</p> <p><b>CYW Washing</b> Lung:    RLL                      RML                      RUL           LLL                      LUL Other: _____</p> <p><b>CYBL Bronchoalveolar Lavage</b>           RLL                      RML                      RUL           LLL                      LUL</p> <p><b>CYFL Fluid</b> Pleural effusion: Left    Right Abdominal Cerebral Spinal Fluid (CSF) Synovial Other: _____</p> <p><b>CYND Nipple Discharge</b> Left Right</p>	<p><b>CYSL Slides(s) Only</b> 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: _____</p> <p><b>CYSP Sputum</b></p> <p><b>CYU Urine</b> Voided    Ileal Conduit Washing    Brushing    Catheter Bladder Renal Pelvis: Left    Right Ureter:                      Left    Right Urethra Urinary Tract</p>	<p><b>CYBR Breast FNA / Core Biopsy Imprint</b> Site: Left (BL)           Right (BR) Quadrant: UO    UI    LO    LI Subareolar</p> <p><b>CYFNA FNA, Fluid and/or Slide</b> 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: _____</p> <p><b>CYTH Thyroid FNA / Core Biopsy Imprint</b> Left Lobe Right Lobe Isthmus</p>

## Additional Patient History and Comments

## Gross Description (Lab Use Only)

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