ALBERTA PRECISION LABORATORIES

Leaders in Laboratory Medicine

Last Name *(Legal)*	First Name *(Legal)*
Preferred Name ☐ Last ☐ First	DOB *(dd-Mon-yyyy)*
PHN	ULI ☐ Same as PHN / MRN
Administrative Gender ☐ Male ☐ Female ☐Non-binary/Prefer not to disclose (X) ☐ Unknown	

Nongynecologic Cytopathology Requisition

Important - Form is used for regular and downtime use.
Bold and ***italicized*** fields contain critical data elements that **must be reconciled** for downtime.

Patient

PHN	Alternate Identifier		Date of Birth *(dd-Mon-yyyy)*	
Last Name	First Name		Middle	Gender ☐ M ☐ F / Phone
Address	City/Town	Prov	Postal Code	Location

Requestor (s)

Requestor Name *(last, first)*	Copy to *(last, first)*	Copy to *(last, first)*
Location/Facility/Address	Location/Facility/Address	Location/Facility/Address
Phone	Phone	Phone
Healthcare Provider ID	Healthcare Provider ID	Healthcare Provider ID

Collection

Date *(dd-Mon-yyyy)*	Time *(24 hr)*	Location	Collector ID

Cytopathology

☐ Aspirate _____ ☐ Bronchial Wash _____ ☐ Urine voided
☐ BAL _____ ☐ CSF ☐ Peritoneal ☐ Urine catheterized
☐ Bronchial Brush _____ ☐ Sputum ☐ Pleural ☐ Other_____

Specimens
Nature and **exact anatomical site** for each specimen

Specimen Appearance *(for lab use only)*

History **must be provided**

Signature

Tech Comments *(for lab use only)*

Accession # *(lab only)*