ALBERTA PRECISION LABORATORIES
Leaders in Laboratory Medicine

Non-Gynecological Cytopathology Requisition

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Scanning Label or Accession # *(lab only)*

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 Expiry: _____	Date of Birth *(dd-Mon-yyyy)*	
Legal Last Name	Legal First Name	Middle Name

Alternate Identifier	Preferred Name	☐ Male ☐ Female ☐ Non-binary ☐ Prefer not to disclose	Phone

Address	City/Town	Prov	Postal Code

Provider(s)

Authorizing Provider Name *(last, first, middle)*	Copy to Name *(last, first, middle)*	Copy to Name *(last, first, middle)*
Address Phone	Address	Address
CC Provider ID CC Submitter ID	Phone	Phone
Clinic Name	Clinic Name	Clinic Name

Collection

Date *(dd-Mon-yyyy)*	Tissue Removed by *(Last, First Name)*	Date/Time Received
Location/ Code/ Address (for report)	Collector ID Phone	Fax

If other than routine: ☐ Priority *(clinical reason required - indicate below under "Clinical Information/History")*

Clinical Information/History *(check appropriate boxes and provide additional relevant information).* **Lack of clinical information will delay results**

☐ Previous Abnormal Pathology/ Malignancy *(specify)* _____

☐ Infection

☐ Previous Treatment

☐ Smoking

☐ Relevant imaging *(specify)* _____

Urine cytopathology: clinical indication

Provide Urologist name _____

☐ Bladder cancer surveillance, as directed by patient's Urologist

☐ Urine cytology, as directed by patient's Urologist.

Other relevant Clinical History/Information – Specify

Specimen Source – *select all specimens that were collected and specify source, exact location, laterality, etc*

☐ Bronchial Brush _____

☐ Bronchial Wash _____

☐ Bronchoalveolar Lavage _____

☐ Sputum

☐ Pleural Fluid _____

☐ Peritoneal Fluid _____

☐ Fluid, Other *(specify)* _____

☐ CSF

☐ Other _____

☐ FNA - Salivary Gland _____

☐ FNA - Thyroid _____

☐ FNA – Lymph Node *(specify)* _____

☐ FNA – Other *(specify)* _____

☐ Urine – voided

☐ Urine – catheterized

☐ Urine – cystoscopy

☐ Urine – Other *(specify)* _____