



CYTOLOGY REQUISITION
Pathology and Laboratory Medicine
600 University Avenue, 6th Floor
Toronto, Ontario, Canada M5G 1X5
MSH 754 (Rev. 10.2009)

Patient Name Plate

* MSID:

* NAME: (last, first)

* OHIP/HIN, Ver:

* D.O.B. (yyyy/mm/dd)

* GENDER Male Female

SPECIMEN COLLECTION DETAILS

* *Mandatory Information*

* **Patient Location:** * **Priority:** * **Staff Doctor:** (last, first)

* **Date:** (yyyy/mm/dd) * **Time:** (24hr) * **CPSO:** **Tel:** **Ext:**

* **Collected By:** (last, first) * **Radiologist:** (last, first)

* **Radiologist CPSO:**

CSF MUST BE DELIVERED TO THE LABORATORY WITHIN ONE HOUR OF COLLECTION

* **Pertinent History/Diagnosis/Previous Cytology/Treatment:** ABSCENCE OF HISTORY OR PERTINENT INFORMATION MAY LIMIT OR DELAY THE LABORATORY'S ABILITY TO FULLY EVALUATE THE SPECIMEN

NON-GYNAECOLOGICAL

*Please identify the side from which the specimen was obtained: **RIGHT** **LEFT**

BRUSHINGS/WASHINGS:
(site and source)

RESPIRATORY: (site)

Bronchoalveolar Lavage (BAL)
 Sputum
 Washings

FINE NEEDLE ASPIRATION BIOPSY:

Axilla **Gastrointestinal**
 Liver
 Lymph Node Pancreas
 Stomach

FLUIDS/EFFUSION:

Cerebrospinal fluid
 Nipple Discharge
 Pericardial
 Peritoneal
 Pleural
 Synovial fluid (site):

URINARY TRACT:

Bladder Wash
 Catheter
 Ureter
 Voided

Breast
 Cystic
 Solid

Chest/Lungs
 Cystic
 Solid
 TBNA

Head and Neck
 Lymph Node
 Salivary Gland

Thyroid
 Cystic
 Isthmus
 Solid

OTHER: (specify site, source, side and nature of lesion):

GYNAECOLOGICAL
* **Brush / Broom must be removed at the time of collection** *

SOURCE

Cervical
 Endocervix
 Lateral Vaginal Wall for M.I.
Upper 1/3 Vaginal wall
 Vaginal
 Vulva

LMP: (yyyy/mm/dd) Gravida Para

MENOPAUSE:
 N Y - **Date:** (yyyy/mm/dd)

PREVIOUS ABNORMAL SMEAR
 N Y - **Diagnosis:**

PREVIOUS COLPOSCOPY:
 N Y - **Diagnosis:**

Please select all that apply:

Abnormal Bleeding
 Cervical lesion
 Contraceptive
 Discharge
 Estrogen/Progesterone Therapy
 HPV Vaccinated
 Hysterectomy
 IUD
 Post-Partum # Wks:
 Pregnant # Wks: