CN 120162 (2003-01)

HAMILTON REGIONAL HOSPITALS
CYTOLOGY REQUISITION

❑ ST. JOSEPH'S HEALTHCARE ❑ OTHER _____

HAMILTON HEALTH SCIENCES

❑ CHEDOKE CAMPUS ❑ GENERAL CAMPUS
❑ HENDERSON CAMPUS ❑ MUMC CAMPUS
❑ LAB REFERENCE CENTRE ❑ COM. LAB SERVICES

Ordering Physician / Ward / Clinic

Copies To:

Laboratory Number:

for Lab use only

Patient Last Name: First Name:

Address Number Street

City:

ID Number HIN

Patient's Birthdate (dd/mm/yyyy) Age Sex ❑ M ❑ F

Clinical Diagnosis / Comments: **CERVICAL / VAGINAL CYTOLOGY**
Please complete / check all that apply

GYN SPECIMEN TYPES:				Number of Slides	Date Specimen Taken:	LMP:
	❑ V/C ❑ Cytobrush	❑ Vaginal ❑ Vault	❑ Other specify:			

Previous Smear Number:	Diagnosis of Previous Smear:	Gross/Colposcopic Exam:
❑ Pregnant ❑ Abnormal bleeding ❑ IUD ❑ Postmenopausal ❑ Postpartum ❑ Hormonal therapy	**Clinical Procedures:** ❑ Radiation ❑ Laser ❑ Cryotherapy ❑ LEEP/Cone ❑ Biopsy ❑ Hysterectomy	

NON-GYNECOLOGICAL CYTOLOGY
Please complete / check all that apply

CLINICAL DIAGNOSIS / COMMENTS / RADIOLOGY FINDINGS:

Collection date/time (dd/mm/yyyy) (hh:mm)	Number of Slides: / Volume of Fluid:	❑ Cigarette Smoking ❑ Cancer Chemotherapy ❑ Hormonal Therapy ❑ Previous Cancer ❑ Irradiation ❑ Surgery

PULMONARY	❑ Sputum ❑ Bronchial Wash site:	❑ Bronchial Brush site: ❑ Other specify:	Bronchial Alveolar Lavage Site: ❑ Malignant Cells ❑ Other specify:		
EFFUSIONS	Pleural ❑ Left ❑ Right	❑ Peritoneal	❑ Peritoneal Washing	❑ Pericardial	❑ Other specify:
URINARY	❑ Voided	❑ Cystoscopy	❑ Catheterized	❑ Bladder Washing	❑ Other specify:
GI TRACT	❑ Esophageal Wash site:	❑ Esophageal Brush site:	❑ Gastric Wash site:	❑ Gastric Brush site:	❑ Other specify:
FINE NEEDLE ASPIRATIONS	❑ Thyroid site: ❑ Lymph Node site: ❑ Other site:	❑ Salivary Gland site: ❑ Breast site:	❑ Liver site: ❑ Lung site:		
MISCELLANEOUS	CSF ❑ Lumbar ❑ Ventricular	Nipple Discharge ❑ Left ❑ Right	Synovial fluid site: ❑ Malignant cells ❑ Other specify:	❑ Vulvar smear ❑ Other specify:	

FOR LAB USE ONLY

NUMBER OF SLIDES | PREP METHOD | SPECIMEN APPEARANCE / VOLUME