Saskatchewan Health Authority

Patient Label

NAME: _____

HSN: _____ D.O.B.: _____

HOSPITAL #: _____ STAY #: _____

ADDRESS: _____

PHONE #: _____

❑ RUH ❑ SCH ❑ SPH ❑ Other _____

LABORATORY MEDICINE – CYTOLOGY

NON-GYNECOLOGICAL CYTOLOGY REQUISITION

Saskatoon City Hospital
701 Queen Street, Saskatoon SK S7K 0M7
Phone: 306-655-8398 Fax: 306-655-8399

Health-care Provider:

Name _____
Last First Middle

Address _____

City/Province _____

Postal code _____

Phone _____ Fax _____

Copy of Report To:

Name _____
Last First Middle

Name _____
Last First Middle

Date specimen collected: _____ _____ _____ **Time:** _____
dd mmm yyyy

NON-GYNECOLOGICAL SPECIMENS:

❑ **Bronchial brushing:**
❑ Left ❑ Right

❑ **Bronchial washing:**
❑ Left ❑ Right

❑ **Sputum**

❑ **EBUS** - Stations:
_____
_____
_____
_____

❑ **CSF**
❑ **Voided urine**
❑ **Cystoscopic urine**
❑ **Pericardial fluid**
❑ **Peritoneal fluid**
❑ **Pelvic washing**
❑ **EUS**
Site: _____

❑ **Pleural fluid**
❑ Left ❑ Right

❑ **Fine needle aspiration**
Site: _____
❑ Palpation
❑ Ultrasound guided
❑ Other: _____

❑ **Other**
Site: _____

CLINICAL INFORMATION (*REQUIRED*):

_____
Health-care provider signature

LABORATORY USE ONLY:

SPECIMEN DESCRIPTION
Volume _____**mL**
Consistency: ❑ Fluid ❑ Mucoid
Colour: _____
❑ Colourless
❑ Clear ❑ Cloudy
❑ Bloody ❑ Clotted
❑ Needle rinse in:
❑ Cytolyt® ❑ RPMI
❑ Saline
Smears: _____
Other: _____

PROCESSING
_____ **Smear**
_____ **Monolayer**
_____ **Cell block***
_____ **Cytospins**
***Date/Time in formalin:**
_____
_____

STAINS
DQ ___**Sms** ___**Cytosp** ___**TP**
PAP ___**Sms** ___**Cytosp** ___**TP**
UNSTD ___**Sms** ___**Cytosp** ___**TP**

FLAGS
Specify:

SPECIAL TEST CODE

ACCESSION NUMBER:

LABORATORY USE ONLY:

Accession number: _____

CYTOTECHNOLOGIST FINDINGS

Adequate:

- ❑ Satisfactory
- ❑ Limited _____
- ❑ Unsatisfactory _____

Diagnosis:

Cytotechnologist initials: _____ **Date:** _____

LABORATORY USE ONLY:

SPECIMEN DESCRIPTION

Volume _____**mL**

Consistency: ❑ Fluid ❑ Mucoid

Colour: _____

❑ Colourless
❑ Clear ❑ Cloudy
❑ Bloody ❑ Clotted
❑ Needle rinse in:
❑ Cytolyt® ❑ RPMI
❑ Saline

Smears: _____
Other: _____

PROCESSING

_____ **Smear**

_____ **Monolayer**

_____ **Cell block***

_____ **Cytospins**

***Date/Time in formalin:**
_____
_____

STAINS

DQ ___**Sms** ____**Cytosp** ____**TP**

PAP ___**Sms** ____**Cytosp** ____**TP**

UNSTD ___**Sms** ____**Cytosp** ____**TP**

FLAGS
Specify:

SPECIAL TEST CODE

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CYTOTECHNOLOGIST FINDINGS

Adequate:

- ❑ Satisfactory
- ❑ Limited _____
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Diagnosis:

Cytotechnologist initials: _____ **Date:** _____