Benefits of providing COMPLETE and LEGIBLE information:
- Reduces turn around time when processing patient samples
- Promotes patient safety through reduced transcription errors

Patient Identification MUST include:
- ✓ First and last name
- ✓ PHN or unique identifier
- ✓ Date of Birth

Complete SEPARATE requisition when ordering:
- Cytology (malignancy)
- Microbiology
- Flow Cytometry

Saskatchewan Health A

If not a Saskatchewan PHN indicate province

NAME: _____

HSN: _____ D.O.B.: _____

HOSPITAL #: _____ STAY #: _____

ADDRESS: _____

PHONE #: _____

RUH ☐ SCH ☐ SP

BORATORY MEDIC

ON-GYNECOLOGICAL CYTOLOGY REQUISITION

katoon City Hospital
Queen Street, Saskatoon SK S7K 0M7
one: 306-655-8480 Fax: 306-655-8106

ealth-care Provider:
Name _____
Last First
Address _____
City/Province _____
Postal code _____
Phone _____ Fax _____

PRINT the physicians name. This must match the Health Care Providers signature below.

Report To:
_____
st First Middle
_____
st First Middle

Date specimen collected: _____ _____ _____
dd mmm yyyy

Collection Date must be provided

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 ☐ Righ
☐ **Fine needle a**
Site:
☐ Ultra
☐ Othe
☐ **Other**
Site: _____

Source MUST be indicated to prevent processing delays

CLINICAL INFORMAT

This name must match the printed Health Care Providers above

_____
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 ___ Cy
PAP ___ Sm
UNSTD ___ Sms

SPECIAL TEST CODE

UMBER:

Failure to supply required information will lead to delays in service