

LABORATORY USE ONLY:

Accession number: _____

CYTOTECHNOLOGIST FINDINGS

Adequate:

- Satisfactory
- Limited _____
- Unsatisfactory _____

Diagnosis:

Cytotechnologist initials: _____ Date: _____

LABORATORY USE ONLY:

SPECIMEN DESCRIPTION	PROCESSING	STAINS	FLAGS	SPECIAL TEST CODE
Volume _____ mL			Specify:	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
Consistency: <input type="checkbox"/> Fluid <input type="checkbox"/> Mucoïd	_____ Smear	DQ ___ Sms ___ Cytosp ___ TP		
Colour: _____	_____ Monolayer	PAP ___ Sms ___ Cytosp ___ TP		
<input type="checkbox"/> Colourless <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Bloody <input type="checkbox"/> Clotted <input type="checkbox"/> Needle rinse in: <input type="checkbox"/> Cytolyt® <input type="checkbox"/> RPMI <input type="checkbox"/> Saline	_____ Cell block* _____ Cytospins	UNSTD ___ Sms ___ Cytosp ___ TP		
Smears: _____ Other: _____	*Date/Time in formalin: _____ _____		ACCESSION NUMBER:	

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