



**Life
Dx.** Innovating for
Better Health

Cytopathology Request Form



Cytopathology Request Form

Name: File No.:
 Age: Sex: M F Request Date: / / 20
 Referring Dr.:
 Referring Center:
 Collection Date: / / 20 Collection Time:



PAP SMEAR

Liquid Based Cytology Liquid Based Cytology + HPV Conventional Pap smear

Previous PAP Smear Result

Normal Abnormal
 Date: ___/___/___ Lab no: _____

FOR LAB USE ONLY
GY #

Clinical Diagnosis

MP: Regular Irregular LMP Date: ___/___/___

Marital Status: _____

Pregnancy: Yes No
 Lactating: Yes No
 Smoking: Yes No

Last Labor / Abortion

Multipara Menopause Others: _____

Clinical Data

Vaginal: Discharge Bleeding
 Cervical: Healthy Post Coital Bleeding
 Erosion Polyp Ectropion Others: _____

Fluids and FNAC Cytology

Clinical Diagnosis: _____

FOR LAB USE ONLY
NG #

Specimen

***Urine:**

Urine-Voided Urine Cauterized Bladder Wash Urine Cystoscopy Other: _____

***Body Cavity Fluid:**

Pericardial Pleural Peritoneal Spinal Hydrocele Other: _____

***FNAC: Radiologic Findings Attached:** YES NO

***Size and site:** _____

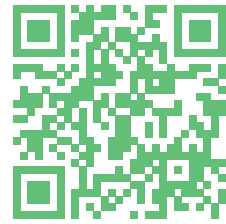
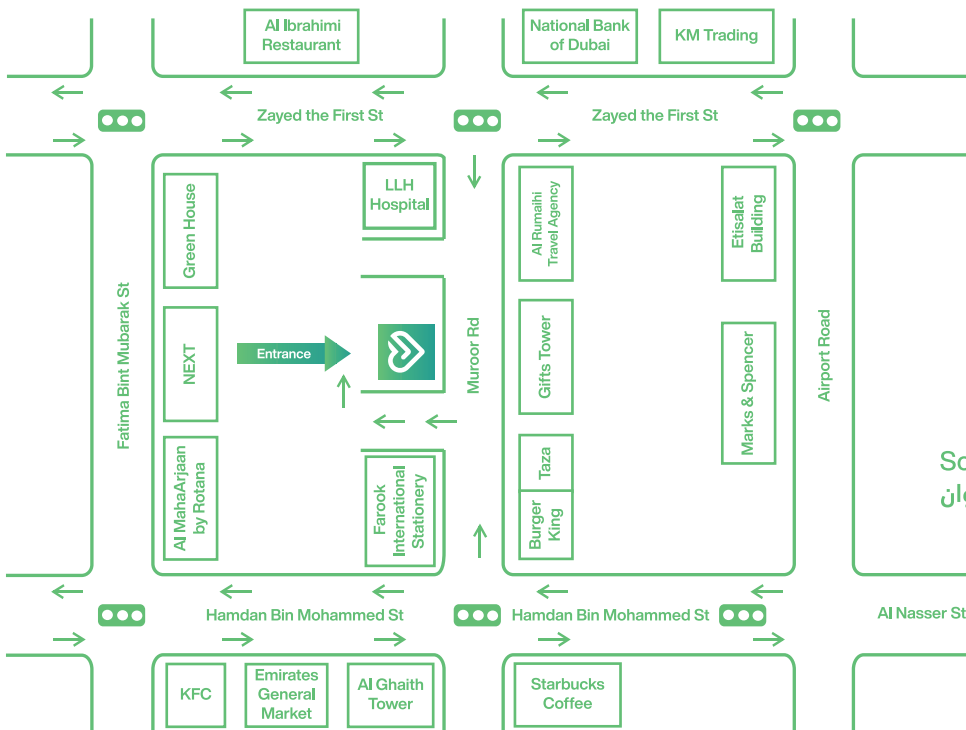
***Consistency:** Firm Soft Cystic Well-Defined Others: _____

***Type of Aspirate:** Bloody Purulent Fluid Fatty Others

***FNAC done by:** _____ **Date:** ___/___/___

Gross Description: (Lab Use Only) _____

All samples from FNAC need to be collected directly to LBC ThinPrep vial. No direct smears needed. Fluids can be sent directly to Histopath lab.



Scan the QR Code to Get Directions
 إمسح الرمز للحصول على العنوان

