



HEART OF THE ROCKIES
REGIONAL MEDICAL CENTER

Lab Use Only		
Pathology Accession Number:	_____	
Procedure Date:	_____	
Date Received:	_____	
Account Number:	_____	
Previous HRRMC:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attached <input type="checkbox"/> Not Pertinent	

CYTOLOGY REQUEST (FLUIDS, FINE NEEDLE ASPIRATION, URINE, ETC)

Ordering Provider: _____ Primary Care Provider: _____

Patient Name: _____ Gender: _____

(Last) (First) (Middle initial)

Date of Procedure (Specimen Collection Date): _____ Date of Birth: _____ Age: _____

Information below to be completed by Ordering Provider

History of malignancy/tumors: No Yes If yes indicate date and type of malignancy: _____

Indication for Procedure / Clinical History: _____

Procedure: _____

Infectious / Respiratory Precaution(s): _____

Additional Studies: _____

DATE COLLECTED: _____ **TIME COLLECTED:** _____ **COLLECTED BY:** _____

Containers Submitted: Cytolyte _____ Afirma _____ RPMI _____

Slides Submitted: _____ **# Acid Alcohol Slides** _____ **# Air-Dried Slides** _____ **# Diff-Quik Slides** _____

SOURCE OF SPECIMEN * Separate Request Form Must Be Submitted For Each Specimen*

ASCITIC FLUID		CYST FLUID (SITE) _____		LEFT PLEURAL FLUID
BLADDER WASHING		FINE NEEDLE ASPIRATION (SITE) _____		RIGHT PLEURAL FLUID
BRONCH BRUSH (SITE) _____		NIPPLE DISCHARGE		SPUTUM
BRONCH WASHING (SITE) _____		PELVIC WASHING		URINE, CATH
BRONCHOALVEOLAR LAVAGE		PERITONEAL FLUID		URINE, VOIDED
CEREBROSPINAL FLUID (CSF		PERITONEAL WASHING		OTHER (SITE) _____

Ordering Provider Signature

Printed Name

Date/Time

LAB USE ONLY

Adequacy Exam Yes _____ No _____

Results of Adequacy Exam: _____ Date/Time: _____

Adequacy Results delivered to whom: _____ Date/Time: _____

Date Received _____ Time Received _____ Received By _____ Prepared By _____

Total Amt. Received _____ mls Clear Cloudy Clot Bloody Color _____

TYPE OF FIXATIVE ADDED _____ **TIME FIXATIVE ADDED** _____ **BY INITIAL** _____

Number Diff Quik slides _____ Number of unstained air dried slides _____ Number unstained fixed slides _____