

## Laboratory Medicine and Pathology

### CYTOPATHOLOGY REQUEST FORM

#### Patient's details

Name:  
 NRIC:  
 Gender: *Affix patient's label here*  
 Date of birth:  
 Account number:  
 Clinic:  
 Ward:  
 Bed:

#### Requesting doctor *(Please use name stamp if possible)*

Name and MCR number:  
 Phone number:  
 Department:  
 Consultant and MCR number:

*Laboratory barcode and accession  
 (for laboratory use only)*

#### Clinical information

Clinical diagnosis: Recent travel (if yes, specify countries): Yes / No

Relevant history and findings:

Investigations and operation findings:

#### Nature and location of specimen

#### Charge description

- ☐ BBXXX2 Liquid-based Pap smear  
☐ BBXXX3 Fluids  
☐ BBXXX4 Fine-needle aspiration  
☐ BBTECH Fine-needle aspiration with tech assistance  
☐ Others (specify):

#### Specimen collection date and time

DD/MM/YYYY HH:MM am/pm

#### Fixative added date and time

DD/MM/YYYY HH:MM am/pm

#### Fixation

- ☐ No fixative ☐ Air-dried  
☐ ThinPrep ☐ 95% ethanol  
☐ Cytolyt ☐ Others (specify):

#### Other test requests *(Note: specimens with illegible test requests may be rejected or subject to delayed processing)*

#### Tissue audit review *(for laboratory use only)*

1A 1B 2A 2B 3A 3B

#### Further actions *(for laboratory use only)*

Second opinion: Yes / No  
 Cancer registry submission: Yes / N.A.

#### Rapid on-site evaluation *(for laboratory use only)*

Specimen	No. of passes	Slides	Fluid (ml)	Adequacy	Assessor initials

#### Further information

Please refer to the Laboratory Service Guide for information about specific requirements for tests.  
 For enquiries, please call Laboratory Medicine and Pathology on 63611409.