

Laboratory Medicine and Pathology

CYTOPATHOLOGY REQUEST FORM

Requesting doctor (Please use name stamp if possible)

Name and MCR number:

Phone number:

Department:

Consultant and MCR number:

Affix patient's label here

Patient's details

Name:

NRIC:

Gender:

Date of birth:

Account number:

Clinic:

Ward:

Bed:

*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

<input type="checkbox"/> No fixative	<input type="checkbox"/> Air-dried
<input type="checkbox"/> ThinPrep	<input type="checkbox"/> 95% ethanol
<input type="checkbox"/> Cytolyt	<input type="checkbox"/> 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)

Further actions (for laboratory use only)

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

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.