UPM UNIVERSITI PUTRA MALAYSIA BERILMU BERBAKTI	**HPUPM LABORATORY** **UPM/HPUPM/PD/CYTO/NGRF/01** **CYTOLOGY REQUEST FORM** **(NON-GYNAE)**	**Cytology No:**

Hospital/Clinic/Ward

PATIENT BIODATA		**Requesting Doctor**
Name		
ID No		
MRN		
Ethnicity		…….
D.O.B		Signature and Stamp
Gender	☐ Male ☐ Female	Date:

RELEVANT CLINICAL INFORMATION

SPECIMEN DETAILS (Please TICK appropriate box againts specimen type)**:**

DATE & TIME SPECIMEN COLLECTED

- ☐ Abdominal/Peritoneal fluid
- ☐ Peritoneal Washing
- ☐ Pleural Fluid:
  - ☐ Rt. ☐ Lt.
- ☐ Pericardial Fluid
- ☐ Spinal Fluid
- ☐ Ventricular Fluid
- ☐ Sputum
- ☐ Broncholoalveolar Lavage (BAL):
  - ☐ RUL ☐ RML ☐ RLL ☐ LUL ☐ LLL
- ☐ Bronchial Washing:
  - ☐ RUL ☐ RML ☐ RLL ☐ LUL ☐ LLL
- ☐ Bronchial Brushing
  - ☐ RUL ☐ RML ☐ RLL ☐ LUL ☐ LLL
- ☐ Aspiration site(FNA):
  - ……..
- ☐ Urine:
  - ☐ Voided ☐ Catheterised
- ☐ Wash
  - ☐ Bladder ☐ Ureter ☐ Pelvis
- ☐ Brush
  - ☐ Bladder ☐ Ureter ☐ Pelvis
- ☐ Breast Secretion
- ☐ Others(specify): ……..
  - ……

Additional Information

Lab Use Only

Received by:

Date:

Time:

……..

Signature and stamp

	1st Screener	**2nd Screener**	**Pathologist**
Diagnosis			
Date			
Name			