



HOSPITAL SULTAN ABDUL AZIZ SHAH
UNIVERSITI PUTRA MALAYSIA
Document Code: HSAAS/PATO/BR152
CYTOLOGY REQUEST FORM
(NON-GYNAE)

Cytology No:

Hospital/Clinic/Ward

PATIENT BIODATA

Name	
ID No	
MRN	
Ethnicity	
D.O.B	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female

Requesting Doctor

.....
 Signature and Stamp
 Date:

RELEVANT CLINICAL INFORMATION

SPECIMEN DETAILS (Please TICK appropriate box against specimen type):

DATE & TIME SPECIMEN COLLECTED

<input type="checkbox"/> Abdominal/Peritoneal fluid <input type="checkbox"/> Peritoneal Washing <input type="checkbox"/> Pleural Fluid: <input type="checkbox"/> Rt. <input type="checkbox"/> Lt. <input type="checkbox"/> Pericardial Fluid <input type="checkbox"/> Spinal Fluid <input type="checkbox"/> Ventricular Fluid <input type="checkbox"/> Sputum <input type="checkbox"/> Bronchoalveolar Lavage (BAL): <input type="checkbox"/> RUL <input type="checkbox"/> RML <input type="checkbox"/> RLL <input type="checkbox"/> LUL <input type="checkbox"/> LLL <input type="checkbox"/> Bronchial Washing: <input type="checkbox"/> RUL <input type="checkbox"/> RML <input type="checkbox"/> RLL <input type="checkbox"/> LUL <input type="checkbox"/> LLL	<input type="checkbox"/> Bronchial Brushing <input type="checkbox"/> RUL <input type="checkbox"/> RML <input type="checkbox"/> RLL <input type="checkbox"/> LUL <input type="checkbox"/> LLL <input type="checkbox"/> Aspiration site(FNA): <input type="checkbox"/> Urine: <input type="checkbox"/> Voided <input type="checkbox"/> Catheterised <input type="checkbox"/> Wash <input type="checkbox"/> Bladder <input type="checkbox"/> Ureter <input type="checkbox"/> Pelvis <input type="checkbox"/> Brush <input type="checkbox"/> Bladder <input type="checkbox"/> Ureter <input type="checkbox"/> Pelvis <input type="checkbox"/> Breast Secretion <input type="checkbox"/> Others(specify):
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Additional Information

Lab Use Only

Received by:

Date:

Time:

.....
 Signature and stamp

	1st Screener	2nd Screener	Pathologist
Diagnosis			
Date			
Name			