University of NC Hospitals
Chapel Hill, NC 27514

CYTOPATHOLOGY - NON-GYNECOLOGICAL CONSULT REQUEST

MIM # 1085

Collection Date	Collection Time	Collected By	PATIENT NAME/ MR NUMBER or Addressograph/Label
Requesting MD	MD Code	Beeper #	
DIAGNOSIS/ CLINICAL INFORMATION/SPECIAL STUDIES			

FINE NEEDLE ASPIRATIONS

SPECIMEN SOURCE

☐ DEEP RADIOGRAPHIC-GUIDED

☐ SUBCUTANEOUS

SPECIMEN SUBMITTED-PLEASE CHECK BOX

RESPIRATORY	**GI TRACT**
☐ SPUTUM-SPONTANEOUS	☐ ORAL
☐ SPUTUM-INDUCED	☐ ESOPHAGUS
☐ SPUTUM-POST BRON.	☐ STOMACH
☐ TRACHEAL	☐ SMALL INTESTINE
☐ BRONCHIAL BRUSH, ___Left ___Right SITE: _____	☐ COLON/RECTUM
☐ BRONCHIAL WASH, ___Left ___Right SITE: _____	☐ ANAL PAP
☐ BRONCHIAL LAVAGE, ___Left ___Right SITE: _____	☐ BILE DUCT BRUSHING
☐ WANG-SITE: _____	☐ PANCREATIC BRUSHING
BREAST	☐ OTHER
☐ NIPPLE DISCHARGE	**URINARY**
FLUIDS	☐ URINE-VOIDED
☐ PLEURAL: ___Left ___Right	☐ URINE-CATHETERIZED
☐ PERICARDIAL	☐ BLADDER BRUSHING
☐ PERITONEAL WASHING	☐ BLADDER WASHING
☐ ASCITES	☐ URETER: ___Left ___Right
☐ PELVIC WASH- SITE: _____	☐ RENAL PELVIS: ___Left ___Right
☐ JOINT	**OTHER**
☐ CEREBROSPINAL FLUID	☐ EYE
QUALITY OF SPECIMEN:	☐ VULVAR
☐ SATISFACTORY	

☐ UNSATISFACTORY DUE TO INADEQUATE CELLULAR SAMPLING FROM: _____

☐ LIMITED DUE TO LIMITED CELLULAR SAMPLING FROM: _____

Cytotech Diagnosis:

Cytopathologist Diagnosis:

CYTOTECH:	CYTOPATHOLOGIST:
DATE: TIME:	DATE: TIME:
Ordering Provider Signature	**Date** **Time**

REV 2/12

Chart Location: Lab

HD 7048R 07/30/12