



# Hunterdon Healthcare

Your full circle of care.  
www.hunterdonhealthcare.org

## CYTOLOGY TEST REQUISITION

[P] 908-788-6407  
[F] 908-237-2334  
2100 Wescott Drive  
Flemington, NJ 08822

DATE COLLECTED \_\_\_\_/\_\_\_\_/\_\_\_\_

OUTREACH CLIENT SERVICES [P] 908-237-5509

PATIENT INFORMATION				
LAST NAME		FIRST NAME		M.I.
STREET ADDRESS			APT. #	
CITY		STATE	ZIP CODE	
PHONE NUMBER		SOCIAL SECURITY NUMBER		
DATE OF BIRTH	SEX	AGE	RACE	
BILLING #		MED REC #		

CYTOLOGY ACCESSION #:	DATE RECEIVED IN LAB:

SPECIMEN INFORMATION			
<b>NEEDLE ASPIRATION</b> <input type="checkbox"/> THYROID <input type="checkbox"/> LYMPH NODE <input type="checkbox"/> BREAST <input type="checkbox"/> CT GUIDED BIOPSY  	<b>SIDE</b> <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT	<b>SIZE/VOLUME</b>  <input type="checkbox"/> CYST <input type="checkbox"/> SOLID <input type="checkbox"/> SEMI-SOLID	<b>CLINICAL DIAGNOSIS AND HISTORY</b>
<b>NON-GYN</b> <input type="checkbox"/> SPUTUM <input type="checkbox"/> CSF <input type="checkbox"/> BRONCHIAL WASH <input type="checkbox"/> BAL <input type="checkbox"/> BRONCHIAL BRUSH <input type="checkbox"/> EUS <input type="checkbox"/> ENB <input type="checkbox"/> EBUS  	<b>SIDE</b> <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT	<b>SIZE/VOLUME</b>  <input type="checkbox"/> CYST <input type="checkbox"/> SOLID <input type="checkbox"/> SEMI-SOLID	
<b>FLUID</b> <input type="checkbox"/> PERITONEAL <input type="checkbox"/> PERICARDIAL <input type="checkbox"/> PLEURAL <input type="checkbox"/> PELVIC WASHING <input type="checkbox"/> ACITES FLUID	<b>SIDE</b> <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT	<b>SIZE/VOLUME</b>  <input type="checkbox"/> CYST <input type="checkbox"/> SOLID <input type="checkbox"/> SEMI-SOLID	
<b>URINE</b> <input type="checkbox"/> VOIDED <input type="checkbox"/> CATHETERIZED <input type="checkbox"/> BLADDER WASHING	<b>SIDE</b> <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT	<b>SIZE/VOLUME</b>  <input type="checkbox"/> CYST <input type="checkbox"/> SOLID <input type="checkbox"/> SEMI-SOLID	
<b>OTHER:</b>  	<b>SIDE</b> <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT	<b>SIZE/VOLUME</b>  <input type="checkbox"/> CYST <input type="checkbox"/> SOLID <input type="checkbox"/> SEMI-SOLID	

FOR LAB USE ONLY			ICD Codes
SPECIMEN GROSS DESCRIPTION		<b>SMEARS:</b>  <b>CELL BLOCK:</b>  	
<b>SPECIMEN SUBMITTED FOR ANALYSIS:</b>  _____ # OF SLIDES	_____ FROZEN SECTION	_____ # CYTOLYT TUBES _____ # CYTOLYT LABELS	
PHYSICIAN'S SIGNATURE			DATE: