Dartmouth-Hitchcock

Department of Pathology and Laboratory Medicine
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For DHMC Lab use only

Cytopathology Non-Gynecologic

Referring Identifier:	Patient Full Legal Name (First and Last Name)		
	DH MRN		
	Date of Birth / /	Sex ☐ Male ☐ Female	
Copy to:	Patient Type ☐ InPt ☐ OutPt	Location	Skilled Nursing Facility (SNF)? ☐ Yes ☐ No

Ordering Provider (First and Last Name)	Ordering Provider Signature	Collector Signature	Collection Date and Time
Billing provider (First and Last Name), if different			

Non-Gynecologic Cytology Specimens

Fluids:	**Bronchoscopy:**	**GI Brushings(endoscopies):**
☐ Pleural Site (L,R) _____ ☐ Peritoneal Site (L,R) _____ ☐ Pericardial	☐ Bronchial Wash Site (L,R,M) _____ ☐ Bronchial Brush Site (L,R,M) _____ ☐ BAL Site (L,R,M) _____	☐ Gastric Site (L,R) _____ ☐ Esophageal Site (cm) _____ ☐ Colon Site (cm) _____
Urines:	**Misc:**	**Fine Needle Aspiration:**
☐ Voided ☐ Catheterized ☐ Cystoscopic Site _____	☐ Other Site _____ ☐ Scrapings Site _____ ☐ Washings Site _____	**Site** – *REQUIRED INFORMATION*
CSF ☐ Lumbar ☐ Ventricular		

Clinical History:

Clinical Impression: