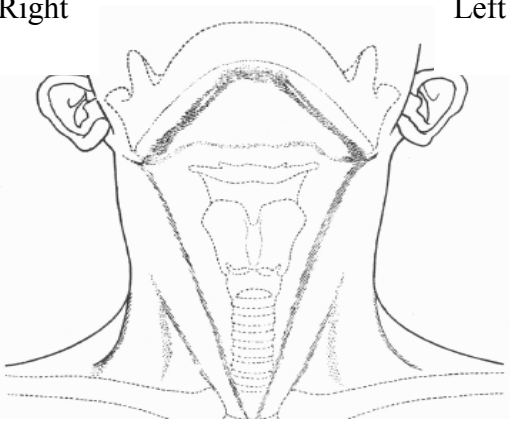


Non-Gynaecological Cytology Request Form - Manchester Cytology Centre					
PATIENT'S DETAILS:(AFFIX STICKER HERE)			SPECIMEN DETAILS: (PLEASE TICK)		
Surname			URINE		GASTROINTESTINAL
			Voided []		Pancreatic cyst fluid
			Catheterised []		- Biochemistry sent []
Forename			Post instrumentation []		- No biochemistry []
			Ileal conduit []		Endoscopic ultrasound (U/S)
			Ureteric []		- Transduodenal []
			Urethral washing []		- Transgastric []
					- Transoesophageal []
Address			BODY CAVITY		FNA TECHNIQUE
			Pleural Fluid []		Ultrasound Guided []
			Pericardial Fluid []		CT Guided []
			Ascitic Fluid []		Transbronchial []
			Peritoneal Fluid []		
			Peritoneal Washing []		
			CSF []		FNA SITE (State clearly)
Sex		DOB		Cyst Fluid []	
				Please state site	FNA SIDE: RIGHT / LEFT
			Private/ NHS		
Hospital number			OTHER		
			Please state site		
NHS number					
Ward/Dept					
Consultant to whom the report is to be sent (please print):			Copy report to/ Department (please print):		
Consultant's department where report is to be sent:			Date taken:		
Bleep/contact number (for requesting consultant):			Time taken:		
CLINICAL INFORMATION			HEAD AND NECK FNAs (Please indicate and label site on diagram below)		
Clinical History Significant Findings Diagnosis Previous Cytology Previous Histology Previous Treatment Chemo/radiotherapy High Risk Yes <input type="checkbox"/> No <input type="checkbox"/>			Right Left 		
Aspirating Clinician (PLEASE PRINT)			Contact no./bleep		
Signature					

N.B. Incomplete forms will result in delay in the reporting of the specimen

Visit us via: www.cmft.nhs.uk/laboratorymedicine Contact Tel:01612765115

Description of Specimen (for laboratory use only)

Fluid specimens:

Amount received: _____ Colour _____ clear/cloudy (circle)

Sample received in CytoRich Red: Y / N (circle)

Slides prepared	Wet fixed	Air dried
Direct spreads		
Cytospins		
SurePath		

Clot: present / absent (circle)

Biopsy bag used: Y / N (circle)

Agar prepared: Y / N (circle)

Specimen prepared by: _____ Date specimen prepared: _____

FNA specimens:

Attended by: _____

Pass no.	Appearance	Vol. if ≥1ml	Rapid stain	Air dried spread(s)	Fixed spread(s)	CytoRich Red	Other

On-site microscopic assessment: Adequate Y / N (circle)

Comment(s): _____

Consultant's report:

T: _____ M: _____ CSCCL CSCDG PEER-1

MDT Specify _____ FAX EPR checked

TR Name: _____ Date/time: _____