

8.0 Completion of the Synovial fluid cytology request

To prevent delay to processing/issuing of reports, please ensure all fields of the form are filled in.

Q-pulse identifier: CYSPPFRM12 (old Q-pulse identifier CYT FORM 096), Version 007,
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Synovial Fluid Cytology Request Form- Manchester Cytology Centre

PLEASE INFORM THE LAB OF SPECIMENS REQUIRING URGENT REPORTS.
 Samples must be sent in provided Paediatric Lithium Heparin bottles on the same day aspirated.

Name and address of sending Hospital/GP:

Consultant to whom the report is to be sent (please print):

Consultant's department where report is to be sent:

Bleep/contact/fax number (for requesting consultant):

PATIENT'S DETAILS: (AFFIX STICKER HERE)

Surname

Forename

Address

Sex

DOB

Private /NHS

Hospital/NHS number

CLINICAL INFORMATION

Clinical History

High Risk

Yes

No

Aspirating Clinician (PLEASE PRINT)

Signature

SPECIMEN DETAILS:

SPECIMEN TYPE - PLEASE TICK

SYNOVIAL FLUID - NATIVE JOINT

SYNOVIAL FLUID - PROSTHETIC JOINT (specify type if known)

BURSAL FLUID

SUSPECTED CRYSTAL DEPOSIT

SUSPECTED HYDROXYAPATITE NODULE

Site of specimen

Side of body

Left/Right

Date taken

Time taken

PLEASE NOTE

Specimen types other than those listed above should normally be sent to your hospital's cytology or histology department using their request form. If in doubt please contact our department during working hours on the number below.

Same day processing will be done if specimen is received before 13:30 Hrs

Note: The laboratory is closed at weekends and bank holidays and does not operate an out of hours service

Specimens must be sent to:

Manchester Cytology Centre
 Clinical Sciences Building 2
 Manchester Royal Infirmary
 Oxford Road
 Manchester. M13 9WL
 Tel: 0161 276 5116/6727 or 65103 for clinical queries
 Fax: 0161 276 5113

N.B. Incomplete forms will result in reporting delay

Visit us via www.mft.nhs.uk

Supply the name and address of your hospital/surgery

Indicate the specimen type. If the sample is from a prosthetic joint specify the type

Indicate the site of the specimen and the side of the body

Indicate the date and time the aspirate was taken

To be filled in by the aspirating clinician ensuring contact number/bleep is given

Insert appropriate clinical history here

Indicate if high risk

Insert the name of the consultant who requested the sample and the department the report is to be sent to

Insert bleep/phone/fax number here for the requesting consultant

Insert the patients details here ensuring that these match the details given on the specimen tube. Label specimen with patient name, DOB, NHS number and site of aspiration