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 ……

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High Risk Yes ☐ **No** ☐

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 5116/6727or 65103 for clinical queries
Fax: 0161 276 5113

Aspirating Clinician (PLEASE PRINT) ……Contact no./bleep……

Signature……

N.B. Incomplete forms will result in reporting delay

Visit us via www.mft.nhs.uk

Synovial Fluid Data Form
(For laboratory use only)

Wet Prep Done_____/__/_____ Differential Count Done ____/__/_____

Laboratory Number	
Date of Birth	
Site	
Volume	
Clarity	
Colour	
Rhagocytes	
Crystals	
Fibrin	
Particles	
Lipid	

WBC mm^3	
% Polys	
% Lymphocytes	
% Monocytes	
% Synoviocytes	
% Mast Cells	
% Eosinophils	
% Cytophagocytic Mononuclear Cells (CPMs)	
Organisms	
Other	

_____

Observations not for encoding

	Requested	Screened
Wet Prep	------	
MGG		
Gram		
AFB		
Other		

RESULTS GIVEN	
By Phone	**To: Name:** **Position:**
By Fax	**Fax number:**
By	**Name:**
Date	
Time	