

## Diagnostic Cytology

Enquiries and FNA Booking 0208 725 5267/9/4/3

|  |   |  |
|--|---|--|
| <b>For lab use only:</b><br><br><br><br><br><br><br><br><br><br><b>Pathologist -</b> | Location (for return of report):<br>.....<br>.....<br>Requesting Consultant/GP name & code:<br>.....<br>.....<br>Time Sampled .....<br>Date Sampled ..... | NHS No .....<br>Hospital No .....<br>Surname .....<br>Forename(s)..... Sex M / F<br>DOB __ / __ / __ Private Y / N |
|--|---|--|

**Patient consent for use of material in clinical research audit/ teaching? Yes  No**

|  |  |
|--|--|
| <b>Specimen Type –</b><br><input type="checkbox"/> Ascites<br><input type="checkbox"/> Bronchial Brushings<br><input type="checkbox"/> Bronchial Lavage<br><input type="checkbox"/> Bronchial Washings<br><input type="checkbox"/> CSF<br><input type="checkbox"/> Pericardal Fluid<br><input type="checkbox"/> Peritoneal Washings<br><input type="checkbox"/> Pleural Fluid<br><input type="checkbox"/> Sputum<br><input type="checkbox"/> Urine<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> FNA (state site)<br>_____ | <b>Clinical Details &amp; History –</b><br><input type="checkbox"/> Surgery / Trauma<br><input type="checkbox"/> Lactation<br><input type="checkbox"/> Radiotherapy / Chemotherapy<br><br><b>Contact Name: (print) .....</b><br><b>Dr's signature &amp; bleep no .....</b> |
|--|--|

**High risk sticker here!**

**Breast Cytology**

FNA

Nipple Discharge

Nipple Scrape

Cyst Fluid

Other

**Lab Number -**

**Time & Date of Receipt -**

Total Number of Slides \_\_\_\_\_

Number of MGG \_\_\_\_\_

Number of PAP \_\_\_\_\_

Number of Other \_\_\_\_\_

**Macro Description** \_\_\_\_\_

Name of Staff Member Preparing \_\_\_\_\_