

Diagnostic Cytology

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

Lab number:

**Location (for return of re-
port).....**

**Requesting Consultant/GP Name &
Code.....**

Bleep:.....

Time Sampled :.....

Date Sampled:.....

Attach patient label or add

NHS No.....

Surname.....

Forename.....

Hospital No.

DOB: _ _ / _ _ / _ _

Specimen Type –(please tick). Clinical information, please tick Y/N or give details.

- Ascites
- Bronchial Brushings
- Bronchial Washings
- CSF
- Pericardial Fluid
- Bile washings/brushings
- Pleural Fluid
- Sputum
- Urine
- Synovial fluid
- Nipple discharge
- Other _____
- FNA (state site)
- _____

- Surgery / Trauma
- Radiotherapy / Chemotherapy

**High risk
sticker here!**

For Pathologist:

Treating Consultant: _____ **Bleep:** _____

Lab Number -

Time & Date of Receipt -

Total Number of Slides

Number of MGG

Number of PAP

Number of Other

Cell block ordered

 Y N

Clot present in container

 Y N

Macro Description:

Name of Staff Member Preparing :

Sample triaged for microbiology

 Y N

Sample triaged for flow cytometry

 Y N