State University of New York
Downstate Medical Center, Bx 37
University Hospital of Brooklyn
450 Clarkson Avenue, Brooklyn, N.Y. 11203

CYTOLOGY LABORATORY

1-718-270-1666

Name: _____

Address: _____

City: _____

State & Zip Code: _____

MR#: _____ NS#: _____

Patient#: _____

Date: _____

Submitted by M.D.: _____

by Midwife: _____

by P.A./N.P.: _____

Insurance Carrier: _____

Insurance#: _____

DOB/Age: _____ Sex: _____

DATE & LOCATION of SPECIMEN COLLECTION:

_____

SPECIMENS WILL NOT BE EXAMINED UNLESS ACCOMPANIED BY THIS FORM, PROPERLY FILLED OUT.

▼ CHECK THE TYPE OF SPECIMEN SUBMITTED ▼

GYN

☐ **ThinPrep PAP Test & HPV HR (age 30 and over) w/ Reflex HPV 16/18 [CERNER order as HPV HR Screen]**

☐ **ThinPrep PAP Test w/ Reflex HPV HR** ☐ **ThinPrep PAP Test**

☐ VAGINAL ☐ CERVICAL ☐ ENDOCERVICAL ☐ ENDOMETRIAL

NON-GYN

PULMONARY ▶ ☐ SPUTUM ☐ BRONCHIAL ASP - ☐ Right ☐ Left ☐ BRONCHIAL WASH - ☐ Right ☐ Left
☐ BRONCHOALVEOLAR LAVAGE - ☐ Right ☐ Left ☐ BRONCHIAL BRUSH - ☐ Right ☐ Left

GU ▶ ☐ VOIDED URINE ☐ CATH.URINE ☐ URETERAL - ☐ Right ☐ Left

GI ▶ ☐ ESOPH. ☐ GASTRIC ☐ COLONIC ☐ RECTAL

EXUDATES ▶ ☐ PLEURAL ☐ PERITONEAL ☐ PERICARDIAL ☐ OTHER_____

FNA ▶ ☐ THYROID ☐ BREAST - ☐ Right ☐ Left ☐ NECK MASS
☐ LYMPH NODE ☐ SALIVARY GLAND ☐ OTHER _____

MISC. ☐ CSF ☐OTHER _____

▼ PERTINENT CLINICAL DATA ▼

PROVISONAL DIAGNOSIS ▶ _____

ESSENTIAL PAST & PRESENT HISTORY ▶ _____

OTHER PERTINENT FINDINGS ▶ _____
(X-Ray, Bronchoscope, Biopsy, D&C, Cystoscopy, Prev. Pap, etc.)

RECENT OPERATIONS & PROCEDURES ▶ _____

X-Ray Therapy - ☐ YES ☐ NO
How Recent: _____

Hormonal Therapy – ☐ YES ☐ NO
How Recent: _____

Cautery – ☐ YES ☐ NO
How Recent: _____

LMP (Dates): _____

GRAV. _____ PARA _____

DRUG: _____ DOSAGE: _____
How Recent: _____

OTHER THERAPY: _____

RACE/ETHNICITY: _____

DELIVERY EXPECTED: _____

☐ ABORTIONS: _____

ACCESSION DATE & NUMBER ▶