

Test Ordering:

- All tests must be ordered by a physician or an authorized physician assistant. Gyn cases may be ordered by midwives.
- Cytology Requisition form consists of one page. The form must include the following information:
 - a. Complete patient name;
 - b. Medical record number, patient location;
 - c. Date of birth, type of specimen, date of specimen taken;
 - d. Name of physician, physician assistant, midwives;
 - e. Clinical history, other pertinent data.

*Note: Clinical history for Gyn PAP Test must contain the following:

- a. LMP (last menstrual period) or menopausal status;
 - b. Previous history of abnormal smears or pathological reports;
 - c. Recent operation or procedures;
 - d. Past or present radiation or chemotherapy;
 - e. Hormonal or other drug therapy;
 - f. Other pertinent data.
- The form containing the above information must accompany the specimen.
- The specimen will be returned to its origination as a rejected specimen if the critical information for the patient's identity is not complete.
- Patient's complete name, Date-of-birth and/or MR number must be labeled on smears and specimen containers. Submit specimens to the Cytology Lab as soon as possible.
- Non-Gyn specimens: If delay is unavoidable, or if the specimens are collected during the night or weekend, store specimens in the refrigerator. Deliver specimens to the Cytology Lab as soon as possible.
- Smears: Patient name must be printed at the frosted end of the slide. #2 soft pencils are recommended.