Anatomical Pathology

Holland Hospital
LABORATORY SERVICES

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FOR LAB USE ONLY

PATIENT

Client

Client Address

Name Last First Initial

Address

City State Zip

Admission No.

Coll. Date/Time

Social Security No. of Patient

Phone

Sex M F

DOB / /

Rec'd Date

Provider Information

Please attach insurance information

Copy to Provider:

Diagnosis / Clinical History / Sign or Symptom

Operative Procedure

☐ **RUSH - Phone consultation by pathologist to report test results**

PATHOLOGY - HISTOLOGY

Tissue Removed

A.

B.

C.

D.

E.

Please use clinical requistion for clinical tests including cultures and DNA probes.

GYN - CYTOLOGY - PAP

☐ **SCREENING** ☐ **DIAGNOSTIC**

SPECIMEN TYPE

# of slides__________________

- ☐ Ecto/Endocervical
- ☐ Endocervical
- ☐ Ectocervical
- ☐ Vag/Cervix
- ☐ Vag Pool/Ecto/Endocervical
- ☐ Vaginal
- ☐ Vulvar
- ☐ Other (specify)___________

RELEVANT INICAL HISTORY FOR PAP SMEAR

Note: Federal regulations mandate that the following pertinent information be on the requisition.

LMP date_______________________________________

Menopause, date of________________________________

Pregnant, # of weeks_______________________________

Post-Partum, # of weeks after delivery_________________

Ablation date_____________________________________

CHECK IF APPLICABLE

- ☐ Intrauterine Device
- ☐ Contraceptive - Oral
- ☐ Hormonal Replacement Therapy
- ☐ Radiation Therapy
- ☐ History of Carcinoma
- ☐ Hysterectomy - Partial or TAH
- ☐ Postmenopausal Bleeding
- ☐ Cryo Therapy
- ☐ Chemotherapy
- ☐ Laser Therapy
- ☐ Colposcopy
- ☐ Depo - Provera

Previous Smear Date____

Previous Abnormal Smear: Yes No If yes, Date_____________________________

Other Clinical History:____

☐ PAP - HPV Reflex - guidelines by age.

☐ HPV only

NON - GYN/FNA - CYTOLOGY

NON-GYN Specimen Type

- ☐ Nipple Secretion R L
- ☐ Bladder Washing
- ☐ Bronchial Wash R L
- ☐ Bronchial Brush R L
- ☐ Bronchial Lavage R L
- ☐ CSF
- ☐ Cyst Fluid Source____________
- ☐ Esophageal Brush
- ☐ Gastric Brush
- ☐ Pleural Fluid
- ☐ Renal Pelvic Wash
- ☐ Brush
- ☐ Sputum
- ☐ Urine
- ☐ Voided ☐ Cath ☐ CCMS

Other (specify) ________________

FINE NEED ASPIRATION (FNA)

- ☐ Breast ☐ Thyroid
- ☐ Other (specify)________________
- ☐ Asuragen
- ☐ Urovysion

NON-GYN Specimen Clinical History

Size of Lesion________________________________

Radiologic/Ultrasound findings

OTHER CLINICAL HISTORY/COMMENTS: