# CYTOLOGY REQUEST FORM (2021)

***Provincial Clinical Laboratory***

***Queen Elizabeth Hospital, Charlottetown, PEI***
***Phone: (902) 894-2300 Fax: (902) 894-2385***

Address for Non-PEI Residents Required

Name: _____

Street: Place Label Here

City: _____ Prov./State: _____

Postal Code/Zip: _____

CYTOLOGY REQ

**Payment Responsibility**
☐ WCB ☐ DVA ☐ DND ☐ RCMP ☐ Self Pay Canadian ☐ Self Pay Non-Canadian
Provincial Medicare # exp. date:

**DOB: YYYY-MMM-DD** | Sex | Medical Record Number (MRN)

Copies (Full name required. Fax # required for out of province providers)

Location

**For Cytology Use Only** **Slides Received:** ☐ **Cell Block:** ☐

**Date Specimen Obtained**
YYYY/MMM/DD

**Clinical Findings**

## Gynecological Specimen

**Site:** ☐ Cervix ☐ Vulva ☐ Vaginal vault

**Technique:** ☐ Spatula ☐ Endocervical Brush (Cytobrush) ☐ Papette

**Colposcopy Specimen:** ☐ Yes ☐ No

**Date of Last Menstrual Period (LMP):** YYYY/MMM/DD

**Menopausal:** ☐ Yes ☐ No

**Hysterectomy:** ☐ Yes ☐ No **If Yes:** ☐ Total ☐ Subtotal

**Pregnant:** ☐ Yes ☐ No **Postpartum:** ☐ Yes ☐ No

**Therapy:** ☐ BCP ☐ IUD ☐ Hormone ☐ Radiation ☐ Chemotherapy

**Previous HPV DNA Testing:** ☐ N/A ☐ Negative ☐ Positive

**HPV Vaccine:** ☐ Yes ☐ No **If Yes, Age at Time of Vaccination:**

**Abnormal Bleeding:** ☐ Yes ☐ No **Discharge:** ☐ Yes ☐ No

**Suspicious Lesion:** ☐ Yes ☐ No **If Yes, Description:**

**Previous Abnormality:** ☐ Yes ☐ No **If Yes, Specify:** **Date:** YYYY/MMM/DD

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## Non-Gynecological Specimen

☐ **Sputum**

**Urine:** ☐ Voided ☐ Catheter ☐ Bladder Washing ☐ Cystoscopy ☐ Other (Specify)

**Bronchial (Specify Site):** _____ ☐ Washing ☐ Brushing ☐ Bronchoalveolar Lavage

**Test:** ☐ Cytology ☐ Cell Count ☐ Pneumocystis

☐ **Pleural Fluid** ☐ **Peritoneal Fluid** ☐ **Pericardial fluid**

☐ **Pelvic Washing** ☐ **Other GYN Staging Site (Specify)**:

☐ **Fine Needle Aspirate (FNA) - Specify Site:**

☐ **Other (Specify)**:

**Collecting Physician/NP** (Required and Please Print)
FIRST & LAST NAME

**Collecting Physician/NP Signature** (Required)

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