NON-GYNECOLOGIC RESPIRATORY CYTOPATHOLOGY REQUISITION

SBMF
South Bend Medical Foundation
3355 Douglas Road, South Bend, IN 46635

Client Name: _____

Signature of Ordering Provider and Date

_____

(Signature must be dated, legible, and include first and last name)

Printed Name _____

BILLING

PLEASE INCLUDE FACESHEET

IF NO BILLING INFORMATION IS PROVIDED YOUR ACCOUNT WILL BE BILLED.

SBMF USE ONLY

Accession #/Label

PATIENT INFORMATION – Please PRINT or place label here

Name _____
Last First MI

SS# _____

DOB _____ SEX _____
MO / DAY / YEAR

SPECIMEN COLLECTION

Date and Time _____ ☐ AM ☐ PM

Collector's Initials: _____

PRIORITY ☐ **Routine** ☐ **Phone** ☐ **STAT** ☐ **Fax#** _____

Performing Radiologist/Physician: _____

Ordering Physician: _____

Copy To: _____

Copy To: _____

38560: NON-GYN RESPIRATORY CYTOPATHOLOGY

Bronchial Specimens NG

See PREPARATION GUIDELINES Below

☐ Bronchial Washing ☐**L** ☐**R**

☐ Bronchial Washing with Pneumocystis ☐**L** ☐**R**

☐ BAL ☐**L** ☐**R**

☐ BAL with Pneumocystis ☐**L** ☐**R**

☐ BAL for cultures (split specimen) ☐**L** ☐**R**

☐ BAL for Lipid (requires unfixed sample) ☐**L** ☐**R**

☐ BAL for Iron ☐**L** ☐**R**

☐ Bronchial Brushing ☐**L** ☐**R**

_____ # fixed smears **or** ☐ Brush only

☐ **Received by Lab**

Received _____ total slides _____ fixed _____ unfixed

Received # _____ (CC) _____ Color

Fluid: ☐ Fixed ☐ Unfixed

Received # _____ (CC) _____ Color

Fluid: ☐ Fixed _____ ☐ Unfixed

CLINICAL HISTORY REQUIRED

Please specify patient history and clinical/radiological finding

EBUS Specimens FNA

(prioritize sample for cell block)

☐ **Lymph Node #1**
Location
_____
_____ total # of smears
_____ # fixed smears
_____ # air-dried smears
Washing for cell block ☐ Yes ☐ No
☐ **Received by Lab**

☐ **Lymph Node #2**
Location
_____
_____ total # of smears
_____ # fixed smears
_____ # air-dried smears
Washing for cell block ☐ Yes ☐ No
☐ **Received by Lab**

☐ **Lymph Node #3**
Location
_____
_____ total # of smears
_____ # fixed smears
_____ # air-dried smears
Washing for cell block ☐ Yes ☐ No
☐ **Received by Lab**

☐ **Lymph Node #4**
Location
_____
_____ total # of smears
_____ # fixed smears
_____ # air-dried smears
Washing for cell block ☐ Yes ☐ No
☐ **Received by Lab**

Navigational/Monarch Specimens FNA

Location #1 _____ Needle _____ Brush
_____
_____ total # of smears
_____ # fixed smears
_____ # air-dried smears
Washing: ☐ Yes ☐ No
☐ **Received by Lab**

Location #2 _____ Needle _____ Brush
_____
_____ total # of smears
_____ # fixed smears
_____ # air-dried smears
Washing: ☐ Yes ☐ No
☐ **Received by Lab**

PREPARATION GUIDELINES

- Fixation
  - Prepared smears – immediate fixation in 95% Ethanol.
  - Fluid and FNA needle rinse/residue – 30 ml in cytology fixative.
- Large volume specimens (>30 ml) – submit 30 ml in cytology fixative and the remainder in the original container.
- Use Cytolyt fixative only for Non-Gyn Specimens

Label All Smears and Specimen Containers with Patient Name, DOB and Source.