

PIN#:				
NAME:	Last		First	
ADDRESS:_				
		TELEPHONE:		
SEX:	D.O.B.(yyyy/mm/dd): _			
OHC#:			Version Code:	

YTOPATHOLOGY REQUISITIONTELEPHONE:	TELEPHONE:					
SEX:D.O.B.(yyyy/mm/dd):	SEX:D.O.B.(yyyy/mm/dd):					
OHC#:	_					
SOURCE: UH SJHC CKHA AMGH CPH SMMH SCH SGH SHHA LOUMH PDH						
Submitting Physician: Date of Procedure:	_					
NON-GYNAECOLOGICAL						
Pertinent Clinical Information:						
Irinary:       Voided       Post Cystoscopy Voided       Ureter Washing:       Right       Left         Catheter       Other:       Renal Pelvis Washing:       Right       Left         Cysto / Bladder Washing       Kidney Washing:       Right       Left	_					
luids:  Pleural (thoracentesis)  Right  Left  CSF  Pericardial  Vitreous  Peritoneal (ascites / paracentesis)  Peritoneal Washing  Site:  Pelvic Fluid  Pight  CSF  Other:  Other:  Peritoneal Washing  Site:	_					
Respiratory: Sputum Bronchial Washing Site: BAL Site:						
Post Bronch Sputum Bronchial Brushing Site: (Bronchioalveolar Lavage)  Other:						
Esophageal / Gastrointestinal / Hepatobiliary:  Type:						
ine Needle Aspiration Biopsy: Right Left  Bone Liver Neck Soft Tissue Breast Lung Pancreas Thyroid Kidney Salivary Gland Other:  GYNAECOLOGICAL	_					
Specimen: <u>Type:</u> ☐ Liquid Based ☐ Conventional <u>Site:</u> ☐ Cervical <u>or</u> Endocervix ☐ Vaginal ☐ Endocervix only						
Colposcopy performed:  Yes No						
Contraceptive Therapy	<u>-</u> -					
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