

**Client ID: 609520**  
**Brant Community Healthcare System**  
 200 Terrace Hill St.,  
 Brantford, ON N3R 1G9  
 (519) 751-5544 ext 2440

Laboratory Use Only

**Ord Phy:**  
**CC Doctor(s):**

Clinician Phone Number		Patient Chart Number	
Health Card Number(HCN)		Sex	Date of Birth
Province		Patient Phone No.	
Patient Last Name		Patient Location	

**BCHS LAB NO:** \_\_\_\_\_

Patient First Name
Patient Address

**NON-GYNECOLOGIC CYTOLOGY**

**Specimen Collection Date:** \_\_\_\_\_  
 # of Specimens Submitted: \_\_\_\_\_

**Urine:**  Voided  Cysto  Catheterized  Bladder Wash

**Respiratory:**  Sputum  Bronchial Brush  Bronchial Wash  
 Site/Side(if applicable): \_\_\_\_\_

**Fluids:**  Pleural  Peritoneal  CSF  Other(specify)  Joint  Pericardial  
 Site/Side(if applicable): \_\_\_\_\_

**Thyroid:**  Left  Right  Cyst  Nodule  Single  Multiple

**Breast:**  Left  Right  Cyst Fluid  FNA of Mass  Nipple Discharge

**Fine Needle Aspiration Biopsy:**  Left  Right  
 Kidney  Salivary Gland  Lung  Liver  Lymph Nodes(specify)  
 Pancreas  Other(specify)  Neck  Pelvis **Other Site(specify):** \_\_\_\_\_

**Clinical History/Remarks:**

Has the Patient received: Radiation? \_\_\_\_\_ Chemotherapy? \_\_\_\_\_  
 Peritoneal Specimens: History of Cirrhosis? \_\_\_\_\_

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 Cell Block Request:  
 Yes  No

(BCHS-Laboratory Use)  
 Specimen Rec'd Date: \_\_\_\_\_ Time: \_\_\_\_\_ Initials: \_\_\_\_\_  
 Specimen Description: Colour: \_\_\_\_\_ Clarity: \_\_\_\_\_  
 Received in Cytolyt: Yes No Volume: \_\_\_\_\_  
 Preservative added by MLA: Yes No  
 Date added: \_\_\_\_\_ Time: \_\_\_\_\_ Initials: \_\_\_\_\_  
 Number of Slides Received: \_\_\_\_\_