Non–Gynecologic Cytology Request Instructions

If you have any questions, please contact your Allina Health Laboratory Account Representative for assistance.

Numbers of topics indicate the position on the Non-Gynecologic Cytology Request form diagramed on the reverse side.

1. Your site demographic information will be preprinted in this area.
   a. Indicate the Ordering Provider.

2. If not preprinted, indicate your billing preference.

3. The date and time of collection must be furnished.

4. Complete the patient information/demographics including name, gender, date of birth and address. Insurance policy information is essential if the work is to be billed to the patient’s insurance.

5. If copies of the report are to be sent to locations/providers other than the ordering provider, include full names of those providers here.

6. Indicate the diagnosis/reason for the procedure.

7. Provider signatures are not required, providing there is record of the order noted in the patient’s medical record.

8. Indicate pertinent clinical history, i.e. Hx of cancer, chemo/radiation therapy, etc.

9. Indicate the testing requested under the appropriate source:
   A. Urine:
      Cytology only
      Cytology and FISH
      Cytology with reflex to FISH
   B. Anal ThinPrep®:
      Cytology only
      Cytology and HPV
      HPV only
   C. Other Source:
      Specify Source

November 2014
Copies of Pathology Reports should be sent to:

Physician: _____________________________________________
First Name       MI       Last Name

Referring: _____________________________________________
Other: __________________________________________________
Other: __________________________________________________

CLINICAL HISTORY/DIAGNOSIS

URINE (LAB6301A, LAB12482):
- Cytology only
- Cytology and FISH
- Cytology with Reflex FISH if Cytology is Abnormal
**FISH Only (No Cytology) - Use Cytogenetics request**

ANAL THINPREP: (LAB6301B, LAB994)
- Cytology Only
- Cytology and HPV
- HPV Only*
- Risk: Low    High    Both
  * Must be collected in Digene vial

OTHER SOURCE (LAB6301):
Specify: ____________________

FOR LAB USE ONLY

SLIDES: SMR TP Cytospin
# Air dried ___________ ______ __________
# Fixed ___________ ______ __________
CELL BLOCK: Yes No QNS
SPECIAL STAIN: Yes No
- Fungus
- Mucicarmine
- Other ____________________________

Prep Tech Initials/Date __________

CT Diagnosis: ____________________

Date ___________ Initials ___________

Affix RQ Label Here