THE SARATOGA HOSPITAL

211 Church St. - Saratoga Springs, NY 12866

NAME

AGE/DOB

ROOM NO./
ADDRESS

PHYSICIAN

DATE

☐ ROUTINE
☐ PRE-OP
☐ ASAP
☐ OUTPATIENT

REQUISITIONED BY _____

COLLECTED BY _____ TIME _____

ACCESSION NUMBER

NON-GYNECOLOGIC CYTOLOGY

CLINICAL DIAGNOSIS:

CYTOLOGIC DIAGNOSIS

☐ NEGATIVE
☐ UNSATISFACTORY
REASON _____
☐ SUSPICIOUS
☐ POSITIVE

SPECIMEN (NO. OF SLIDES _____)

☐ SPUTUM
☐ URINE
☐ PLEURAL
☐ PERITONEAL
☐ CSF
☐ ESOPHAGEAL
☐ GASTRIC
☐ COLONIC
☐ BREAST
☐ OTHER

☐ BRONCH BRUSH
SOURCE _____
☐ BRONCH WASH
SOURCE _____
☐ POST-VASECTOMY
☐ SEMEN ANALYSIS
☐ FLUID - CRYSTALS
☐ ASPIRATE
SOURCE _____
_____

COMMENT:

GYNECOLOGIC CYTOLOGY

CLINICAL DIAGNOSIS

CYTOLOGIC DIAGNOSIS

☐ COLUMNAR CELLS
☐ RBC'S
☐ PMN'S
☐ LYMPHS

☐ NEGATIVE
☐ DYSPLASIA _____
☐ UNSATISFACTORY
reason _____
☐ SUSPICIOUS
POSITIVE

COMMENT:

SPECIMEN (NO. OF SLIDES _____)

☐ CERVICAL
☐ VAGINAL
☐ OTHER

☐ PRENATAL
☐ POSTPARTUM
☐ POST MENOPAUSE

_____

LMP _____
HYSTERECTOMY DATE _____
HORMONE Rx _____
RADIATION Rx _____
CHEMO Rx _____

CHARGE CODE

CYTOTECHNOLOGIST CT(ASCP)

PATHOLOGIST M.D.

RESULTS CALLED

BY TO TIME DATE REPORTED

Form No. 12605 (2/92)