

Client ID: T764**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? _____

Laboratory Use Only

(BCHS-Laboratory Use)

Specimen Description: _____

Volume: _____

Preservative Added -

Date: _____ Time: _____ Initials: _____

Number of Slides Received: _____

Cell Block Yes/No