

<b>Client ID: T764</b> <b>Brant Community Healthcare System</b> 200 Terrace Hill St., Brantford, ON N3R 1G9 (519) 751-5544 ext 2440	Laboratory Use Only
---	---------------------

<b>Ord Phy:</b> <b>CC Doctor(s):</b>	Clinician Phone Number	Patient Chart Number	
	Health Card Number(HCN)	Sex	Date of Birth
	Province	Patient Phone No.	
	Patient Last Name	Patient Location	

<b>BCHS LAB NO:</b> _____	Patient First Name _____ Patient Address _____
---------------------------	---

**NON-GYNECOLOGIC CYTOLOGY**

**Specimen Collection Date:** \_\_\_\_\_

**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  Neck  Pelvis  Other (specify): \_\_\_\_\_

**Clinical History/Remarks:**

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

Laboratory Only	(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: _____
-----------------	--