Diagnostic Cytology Requisition



Innotech Laboratory Services Co.,Ltd. 284 Sirinthorn Rd, Bangplad, Bangkok 10700. Tel 02-881-0862 Fax 02-881-0863

Standard Price Premium Price (24 hrs.)



E-mail; info@innotechlab.co.th Website; http://www.innotechlab.co.th/

| Name | | HN | Sex 🔲 | M D F Age |
|--------------------------------------|-----------------------|------------------------|-------------------|------------------|
| Race | | | | |
| ID | | Ward | Hospital | |
| Date Requesting Physician | | | | |
| Sample Information | Collection date | Time | Number of Slides | |
| Specimen Site | ☐ Lf | □ Rf | | |
| Non Gynecologic Specimen | | | | |
| Respiratory | ☐ Sputum | ☐ Bronchial Wash | ☐ Bronchial brush | □ BAL |
| Body Fluid | ☐ Pleural effusion | Pericardial effusion | ☐ Peritoneal | ☐ CSF |
| | ☐ Joint, Specify Site | | | |
| Fine Needle Aspirate | ☐ Thyroid | ☐ lymph Node | ☐ Breast | Other |
| Urinary | ☐ Voided | ☐ Catheterised | ☐ Cystoscopy | Other |
| Miscellaneous | Other Specify | | | |
| Gynecologic Specimen | ☐ ThinPrep Pap Test | ☐ ThinPrep Pap with HP | V Test | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Clinical History | | | | |
| Clinical Diagnosis | | | | |
| Instruction for completing this form | | | | |

It is very important for all areas of the form to be **Complete in full**. Failure to do so will result in delayed patient care and may necessitate the sample being returned to the sender

Equally important is the labelling of any slides or samples that are sent, **all samples** must be labeled and the labelling must match the requisition. Failure to label a sample will result in that sample being rejected.