



Cytology Requisition

Requisitioning Clinics / Practitioner

Name

Address

Laboratory Use Only

Cytology Reference Number

Clinician / Practitioner's Contact Number for Urgent Results

() Ext.

Service Date

Y Y Y Y M M D D

Clinician/Practitioner Number

CPSO/Registration Number

Health Card Number

Version

Sex

M F

Date of Birth

Y Y Y Y M M D D

Check (✓) one:

OHIP/ Insured Third Uninsured WSIB

Province

Other Provincial Registration Number

Health Card Expiry

Y Y Y Y M M D D

Copy to: Clinician / Practitioner CPSO #

Name

Address

Patient's Last Name (as per Health Card)

Patient's First Name (as per Health Card)

Patient's Middle Name (as per Health Card)

Patient's Address (including Postal Code)

Name

Address

Postal Code

Patient's Chart Number

Specimen Collection Time

: hr. AM PM

Specimen Collection Date

Y Y Y Y M M D D

Patient's Telephone Contact Number

() Ext.

GYNAECOLOGIC CYTOLOGY

NON GYNAECOLOGIC CYTOLOGY

Pap Test according to Ontario Cervical Screening Guidelines
 Patient Pay Pap Test (Patient has been informed that they will be invoiced by Dynacare)

Of Specimens Submitted # Of Slides Submitted

Date of LMP (First Day) Y Y Y Y M M D D

Urine: Voided Catheterized

Site: Cervical Combined Endocervical Vaginal

Thyroid FNA: Left Right Cyst Nodule Single Multi

Collection Method: Liquid Base Conventional/Slide

Body Fluids: Pleural Peritoneal Sputum:

Collection Instrument: Brush Broom Spatula

Synovial Fluid: Left Right Site:

Cervix: Normal Suspicious

Breast: Left Right Cyst Nodule Nipple Discharge

Clinical Status: Pregnancy (#wks) ___ Post Partum (#wks) ___
 Post Menopausal
 Post Menopausal Bleeding
 HRT BCP IUD

Other Site: (Specify)

Hysterectomy: Total - No Cervix Partial - Cervix Present

Clinical History/Remarks:

Patient History: Is Patient Vaccinated for HPV? Yes No
 Previous Abnormal Cytology Result/Date:
 Biopsy Result/Date:

Laboratory Use Only

Fixative Added Yes No

STI Testing on ThinPrep In addition MOH requisition is required
 Chlamydia NAAT Gonorrhea NAAT Trichomonas NAAT

Description:

Thick Scanty Bloody Watery Clear Turbid Flocculent

HPV Note: Patient will be billed for testing
 HPV test only HPV & Pap test HPV test(if ASCUS)

Color Volume ml

Clinical Information is important in the interpretation of all Cytology tests. Please provide all relevant clinical information.

I hereby certify the tests ordered are not for registered In or Out patients of a Hospital.

Clinician/Practitioner Signature

Date