CYTOLOGY CHECKLIST

Questionnaire to be filled at Centre before receiving *Cytology* at every Collection Point of Chughtais Lahore Lab "Note: Send it along with the Specimen"



Name of the Patient :	Age/ Gender :
Consultant's Name :	Consultant's Phone Number :
History attached (Yes/No):	Any Previous Reports Attached (Yes/No):
Radiology Attached (Yes/No):	Container (Nature and Total Number) :
Note (If Any) :	Note (If Any) :
Name of the Person at Centre dealing with Patient/Attendant :	Signatures of the Person at Centre dealing with Patient/Attendant :