

**CHUGHTAI LAB (CL)**

CYP/QF/L4/041	<i>Cytopathology Request Form</i>		Rvw/Rev: 0.0/0.0
Issue on: 07-05-2022	Review Date: --	Revision Date: --	DCR#: --

Date of request:		Specimen collection Date and Time:	
*Referring Physician Name:		*Contact No.	
*Patient's Name:		*Age:	* Mobile Number:
Test Requested:		<input type="checkbox"/> Cytologic Examination for Malignant Cells Slides for 2nd Opinion/ Review Others; Specify:	
<input type="checkbox"/> Cytology of Pap smear (Conventional) <input type="checkbox"/> Cytology of LBC <input type="checkbox"/> Cytology and HPV testing on LBC <input type="checkbox"/> FNAC Procedure and Reporting		<input type="checkbox"/> Fine Needle Aspiration Cytology (FNAC) Slides for Reporting <input type="checkbox"/> FNAC Ultrasound Guided, Procedure and Reporting	
Additional Tests Requested: Must be booked under relevant Lab. e.g. Microbiology, Biochemistry or Hematology			
PAP TEST REQUEST		Non-Gyn Cytology Request	
*MANDATORY FIELDS			
*LMP (First Day): <input type="checkbox"/> Last Smear test:		Number of specimens submitted: (Details)	
Clinical Indications for test:		Specimen Type:	
<input type="checkbox"/> Bleeding <input type="checkbox"/> Discharge <input type="checkbox"/> Suspicious Cervix: <input type="checkbox"/> Others Specify:		Urine: <input type="checkbox"/> Voided <input type="checkbox"/> Catheterised <input type="checkbox"/> Bladder wash Respiratory: <input type="checkbox"/> Sputum <input type="checkbox"/> Br. Brush <input type="checkbox"/> Br. wash Site/Side if applicable:	
Specimen Type:		Fluids:	
<input type="checkbox"/> LBC <input type="checkbox"/> Conventional No. Of Slides		<input type="checkbox"/> Pleural <input type="checkbox"/> Ascitic <input type="checkbox"/> Peritoneal wash <input type="checkbox"/> Ovarian Cyst fluid <input type="checkbox"/> Nipple Discharge	
Specimen Source:		Others, Specify:	
<input type="checkbox"/> Endocervical <input type="checkbox"/> Vaginal <input type="checkbox"/> Others; Specify:		Tests requested here should be booked for	
Indications of the test: <input type="checkbox"/> Screening		"Cytology for Malignant Cells"	
<input type="checkbox"/> Irregular bleeding <input type="checkbox"/> Discharge Crevice <input type="checkbox"/> Normal <input type="checkbox"/> Suspicious		FINE NEEDLE ASPIRATION CYTOLOGY	
Clinical Status:		Thyroid <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Isthmus	
<input type="checkbox"/> Pregnancy <input type="checkbox"/> Post Partum <input type="checkbox"/> Post menopausal <input type="checkbox"/> IUD <input type="checkbox"/> Hystrectomy Sub total/Total <input type="checkbox"/> Hormone therapy <input type="checkbox"/> Others.; Specify:		<input type="checkbox"/> Cyst <input type="checkbox"/> Nodule <input type="checkbox"/> Single <input type="checkbox"/> Multiple <input type="checkbox"/> TFT, U/S, Thyroid Scan Findings: (Please attach report)	
Tests requested here should be booked under Cytology only according to specimen type above.		Breast: <input type="checkbox"/> Left <input type="checkbox"/> Right	
Clinical Findings and Previous Clinical History:		<input type="checkbox"/> Cystic Fluid <input type="checkbox"/> FNA of mass <input type="checkbox"/> Ultrasound Guided	
<ul style="list-style-type: none"> Please include any signs and symptoms, Suspicious for Malignancy, previous abnormal cytology, history of malignancy, diagnosis and treatment In case of Previous Cytology/Histology findings please attach report if available.		Ultrasound/Mamogram Findings:	
		Lymph Node: Site/Location:	
		<input type="checkbox"/> Single <input type="checkbox"/> Multiple <input type="checkbox"/> Size of Largest L.N.	
		Salivary Glands: Side/ Location:	
		U/S findings and Clinical History	
		FNA; Others, Pl. Specify:	
		Number of slides submitted: Fixed.... Unfixed.....	
		Tests requested here should be booked under FNAC for procedure and reporting/ FNAC Slides for reporting/ FNAC U/S guided and reporting	

* **Mandatory Fields:** Please note that Proper information in these "Mandatory fields" is necessary to maintain the quality of the Cytopathology Report. Improper or lacking vital information may lead to erroneous, incomplete or inconclusive reports.



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IMPORTANT INFORMATION FOR AN OPTIMAL PAP TEST - SPECIMEN COLLECTION

- 1 Conventional Pap smears are accepted but Liquid based Cytology (LBC) is preferred. Specimen Collection Vials for LBC are available at Chughtai Lab collection centers along with the Cytology Request Form.
- 2 A properly completed Cytopathology requisition must accompany each specimen.
- 3 Mid-cycle smears are optimal for cytological evaluation. Pap smear taken during menstruation may lead to excessive blood obscuring diagnostic cells.
- 4 If a pap smear and Biopsy is taken together, Pap smear should be taken prior to Biopsy to avoid unnecessary contamination with blood, which may mask diagnostic cells or may lead to an unsatisfactory specimen because of obscuring blood.
- 5 The speculum should be lubricated with warm water or a water soluble lubricant. Water insoluble lubricants may lead to masking the cells with debris thus masking optimal cytological reporting.
- 6 Excessive mucus or other discharge should be removed gently with a cotton swab, prior to smear collection.
- 7 Sample should be obtained before the application of acetic acid or Lugols iodine.
- 8 An optimal sample includes cells from the ectocervix and endocervix.
- 9 For any Inquiries and information, please contact 0333111456789, Chughtai Lab, 7 Jail Road, Lahore.

IMPORTANT INFORMATION FOR FLUID SPECIMENS

- 1 If **Cell count or Differential** is required, a separate specimen should be sent to hematology in **heparinized tubes** (*to avoid clotting*) with a request on Hematology request Form.
- 2 If microbiology is requested, a sterile container should be used.
- 3 For cytologic examination a fresh specimen with 'as soon as possible' transport to the Lab should be preferred.
- 4 **URINE specimen for cytology**, Any fresh specimen of voided urine in the day is better than an early morning specimen.

IMPORTANT INFORMATION FOR FNAC SPECIMEN PRESERVATION:

- 1 Proper smear preparation and Fixation are key factors for optimal results for any FNAC specimen. CHUGHTAI LAB CAN PROVIDE TRAINING ON PROPER SMEAR PREPERATION AND HANDLING OF FNAC SPECIMENS.
- 2 Both Air Dried and Fixed smears should be prepared and sent to the lab.
- 3 **For fixed smears**; it should be fixed immediately before drying. 95% ethyl Alcohol is the preferred fixative. (Fixed slides should be marked F. (should not be dried until reached in the lab)
- 4 **For Air dried smears**; Smears should be **thin enough** to allow a rapid drying to preserve morphology.