ARUP LABORATORIES | NATIONAL REFERENCE LABORATORY

A nonprofit enterprise of the University of Utah and its Department of Pathology

500 Chipeta Way
Salt Lake City, Utah 84108-1221
phone: (801) 583-2787 | toll free: (800) 242-2787
fax: (801) 584-5249 | www.aruplab.com

THIS IS NOT A TEST REQUEST FORM.
Please fill out this form and submit it with the test request form or electronic packing list.

PATIENT HISTORY FOR NON-GYNECOLOGIC CYTOPATHOLOGY TESTING

Client Number _____ Physician _____

Physician Phone _____ Physician Fax _____

☐ Call or ☐ Fax results to _____ at _____

Patient Name _____ Date of Birth _____ Sex ☐ F ☐ M

Patient Medical Record Number (mandatory) _____

Patient ID Number _____ Lab ID Number _____

Specimen Collection Date _____ Time _____

ICD-9 Codes (list all that apply) _____

_____

Non-gynecologic clinical history _____

_____

Check the cytopathology test you intend to order and indicate the source.

☐ **2000623 Cytology, Non-Gynecologic Testing** (Source required)

- ☐ Anal
- ☐ Bile Drainage
- ☐ Bile Duct Brush
- ☐ Bladder Washing
- ☐ Bronchial:
  - ☐ Wash / ☐ Brush
  - ☐ L / ☐ R
- ☐ Bronchoalveolar Lavage:
  - Site: _____
- ☐ Cerebrospinal Fluid
- ☐ Conjunctival Scraping
  - ☐ L / ☐ R
- ☐ Esophageal
  - ☐ Wash / ☐ Brush
- ☐ Gastric
  - ☐ Wash / ☐ Brush
- ☐ Nipple Secretion
  - ☐ L / ☐ R
- ☐ Oral Cavity
  - ☐ Wash / ☐ Brush
- ☐ Pelvic Washing
- ☐ Pericardial Fluid
- ☐ Peritoneal Fluid
- ☐ Pleural Fluid
  - ☐ L / ☐ R
- ☐ Renal Pelvis
  - ☐ Wash / ☐ Brush
  - ☐ L / ☐ R
- ☐ Skin Scraping
  - Site: _____
- ☐ Sputum
- ☐ Synovial Fluid
- ☐ Tzanck Smear
  - Site: _____
- ☐ Ureteral
  - ☐ Wash / ☐ Brush
  - ☐ L / ☐ R
- ☐ Urethral Wash
- ☐ Urine, Catheterized
- ☐ Urine, Voided
- ☐ Vitreous Fluid
  - ☐ L / ☐ R

☐ **2002528 Pancreatobiliary FISH** Source: _____ Fixative: _____

☐ **2001181 UroVysion FISH** Source: _____ Fixative: _____

☐ **2000183 Bladder Tumor Associated Antigen**

☐ **2000443 Fine-Needle Aspirate** (Source Required)

- ☐ Breast
  - ☐ L / ☐ R
- ☐ Kidney
  - ☐ L / ☐ R
- ☐ Liver
- ☐ Lung
  - ☐ L / ☐ R
- ☐ Lymph Node
  - Site: _____
- ☐ Ovary
  - ☐ L / ☐ R
- ☐ Pancreas
- ☐ Salivary Gland
  - Site: _____
- ☐ Thyroid
  - ☐ L / ☐ R
- ☐ Other: _____

☐ **2000181 Non-Gynecologic Consult:** Site: _____

Number of Slides: _____
Number of Blocks: _____

Copy of Report: ☐ Cytopathology
☐ Surgical Pathology

Master Label