

**THIS IS NOT A TEST REQUEST FORM. Please complete and submit with the test request form or electronic packing list.**

**PATIENT HISTORY FOR NON-GYNECOLOGIC CYTOPATHOLOGY TESTING**

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Sex:**  Female  Male  
**Patient Medical Record Number (required):** \_\_\_\_\_ **Patient ID Number:** \_\_\_\_\_  
**Lab ID Number:** \_\_\_\_\_ **Client Number:** \_\_\_\_\_  
**Ordering Provider:** \_\_\_\_\_ **Provider's Phone:** \_\_\_\_\_  
**Practice Specialty:** \_\_\_\_\_ **Provider's Fax:** \_\_\_\_\_

**Patient's Ethnicity/Ancestry (check all that apply)**

African American/Black  Asian  Hispanic  White  Other: \_\_\_\_\_

**List country of origin (if known):** \_\_\_\_\_

**Specimen Collection Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**ICD-9 Codes (list all that apply):** \_\_\_\_\_

**Non-gynecologic clinical history:** \_\_\_\_\_

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

- 2000623 Cytology, Non-Gynecologic Testing (Source required)**
  - Anal  Gastric  Skin Scraping  
Site: \_\_\_\_\_
  - Bile Drainage  Wash /  Brush
  - Bile Duct Brush  Nipple Secretion  Sputum
  - Bladder Washing  L /  R  Synovial Fluid
  - Bronchial:  Oral Cavity  Tzanck Smear  
Site: \_\_\_\_\_
  - Wash /  Brush  Wash /  Brush
  - L /  R  Pelvic Washing  Ureteral
  - Bronchoalveolar Lavage  Pericardial Fluid  Wash /  Brush  
Site: \_\_\_\_\_
  - Cerebrospinal Fluid  Peritoneal Fluid  L /  R
  - Conjunctival Scraping  Pleural Fluid  Urethral Wash
  - L /  R  L /  R  Urine, Catheterized
  - Esophageal  Renal Pelvis  Urine, Voided
  - Wash /  Brush  L /  R  Vitreous Fluid
  - L /  R  L /  R

**2002528 Pancreatobiliary FISH** Source: \_\_\_\_\_ Fixative: \_\_\_\_\_

**2001181 UroVysion FISH** Source: \_\_\_\_\_ Fixative: \_\_\_\_\_

**2000183 Bladder Tumor Associated Antigen**

- 2000443 Fine-Needle Aspirate (Source Required)**
  - Breast  Liver  Lymph Node  Pancreas
  - L /  R  Lung  Site: \_\_\_\_\_  Salivary Gland
  - Kidney  L /  R  Ovary  Site: \_\_\_\_\_
  - L /  R  L /  R  Thyroid
  - L /  R  L /  R

Other: \_\_\_\_\_

**2000181 Non-Gynecologic Consult** Site: \_\_\_\_\_

Number of Slides: \_\_\_\_\_ Copy of Report:  Cytopathology  
 Number of Blocks: \_\_\_\_\_  Surgical Pathology

**Master Label**

**For questions, contact an ARUP genetic counselor at 800-242-2787 ext. 2141.**