ARUP LABORATORIES

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

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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 Assigned at Birth: ☐Female ☐Male ☐Intersex **Gender Identity (optional):** ☐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
- ☐ 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

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