



CYTOPATHOLOGY LABORATORY REQUEST FORM

Department of pathology, Build 1, Floor 4 Tel. 02-201-1437

Faculty of Medicine Ramathibodi Hospital

Patient's identification		Cytology number
Name :	H.N. :	
Age :	Sex : <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date taken :	Submitted by :	
	Out-patient/Ward :	Department :

SOURCE OF SPECIMEN

GYNECOLOGIC / CERVICAL CANCER SCREENING	NON-GYNECOLOGIC CYTOPATHOLOGY	
<input type="checkbox"/> (15872) Cervical cancer screening : Pap test (Cytology ; Conventional smear)	<input type="checkbox"/> (11599) Non-Gynecology and FNA (Fluid : Liquid - based)	
<input type="checkbox"/> (09005) Cervical cancer screening : Pap test (Cytology ; Liquid -based preparation)	<input type="checkbox"/> (11600) Non-Gynecology and FNA (Slide)	
<input type="checkbox"/> (11861) Cervical cancer screening : Co-test (Pap test + HPV mRNA test)		
<input type="checkbox"/> (11862) Cervical cancer screening : Co-test (Pap test + HPV DNA test)	ASPIRATION BIOPSY	BODY FLUID
<input type="checkbox"/> (11863) Cervical cancer screening : HPV mRNA test + reflex cytology	Specify site	<input type="checkbox"/> Ascitic <input type="checkbox"/> Pleural <input type="checkbox"/> Pericardial <input type="checkbox"/> CSF <input type="checkbox"/> Synovial <input type="checkbox"/> Others.....
<input type="checkbox"/> (11864) Cervical cancer screening : HPV DNA test + reflex cytology	BRUSHING	
<input type="checkbox"/> Cervix <input type="checkbox"/> Vagina (post total hysterectomy) <input type="checkbox"/> Neovagina <input type="checkbox"/> Anal <input type="checkbox"/> Others.....	Specify site	
<input type="checkbox"/> LMP	URINARY	RESPIRATORY
<input type="checkbox"/> PARA	<input type="checkbox"/> Voided <input type="checkbox"/> Irrigated <input type="checkbox"/> Catheterized <input type="checkbox"/> Brushing <input type="checkbox"/> Others.....	<input type="checkbox"/> Sputum <input type="checkbox"/> Bronchoalveolar lavage <input type="checkbox"/> Bronchial brushing <input type="checkbox"/> Bronchial washing <input type="checkbox"/> Others.....

Pertinent Clinical data :

CLINICAL DIAGNOSIS :