

Tucson Pathology Associates



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Cytology Requisition

Please Print Clearly

Date

Clinical DX

Please provide all patient information including insurance or a copy of the card.

Patient's Name

Or Label

ICD10

DOB

Sex

Phone #

Patient's Address

City

State

Zip

Patient's Insurance Info

Physician

Copy to

Fax

Paper

Web

Ordering Physician Signature

Date

Fluid Description

A

L R

B

L R

C

L R

D

L R

Urine Description

A

Voided

Bladder Wash

Catherized

If atypical reflex to FISH

B

Voided

Bladder Wash

Catherized

If atypical reflex to FISH

Brushings

A

L R

B

L R

Fixed #

Air Dried #

Fixed #

Air Dried #

For TPA use only

Fix

Air

CS

Thin Prep

CB

RPMI

Culture

Date and Time Received

Specimen Receiver

Accessioner

For TPA
use only

Copy of Card:

Y N