



Interior Health Cytology Consultation Request

Select one of the two Cytology labs:

- Kelowna General Hospital 250-862-4407
 Royal Inland Hospital 250-314-2669

Date & Time of Collection

Day	Month	Year	HHMM	AM/PM
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Date & Time of Fixation

Same as above, or:

Day	Month	Year	HHMM	AM/PM
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Name of Fixative used: _____

SPECIMEN TYPE (check one and specify site)
<input type="checkbox"/> Bronchial Washing
<input type="checkbox"/> Bronchial Brushing
<input type="checkbox"/> Bronchoalveolar Lavage (BAL)
<input type="checkbox"/> Cerebrospinal Fluid (CSF)
<input type="checkbox"/> Nipple Discharge
<input type="checkbox"/> Pleural Fluid
<input type="checkbox"/> Pericardial Fluid
<input type="checkbox"/> Peritoneal Fluid (Ascites)
<input type="checkbox"/> Pelvic Washings
<input type="checkbox"/> Peritoneal Washings
<input type="checkbox"/> Urine-Catheterized
<input type="checkbox"/> Urine-Cystoscopic
<input type="checkbox"/> Urine-Voided
<input type="checkbox"/> Sputum
<input type="checkbox"/> Fine Needle Aspirate (specify site)
<input type="checkbox"/> Other Specimen (specify site)

Clinical Information (Note: Lack of information or unclear information may result in a delay or failure of processing.)

Sample collected by: Physician Patient
 Other (specify): _____

Previous Malignancy? No
 Yes **Site/Type:** _____ **Date:** _____
Day Month Year

Radiation: No Yes **Date:** _____
Day Month Year

Chemotherapy: No Yes **Date:** _____
Day Month Year

Copies to _____

Doctor's Name and MSP# (print)	Doctor's Signature
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See reverse for more information

Lab Use Only

Addressograph Area

Name _____

Sex _____ Date of Birth _____
Day Month Year

Address _____

Postal Code _____ PHN# _____

Telephone _____

Specimen Accession Number(s)

INSTRUCTIONS

This requisition forms a physician consultation request with a pathologist and is a permanent record. **It is essential that all information be complete and legible.**

Adequate CLINICAL INFORMATION AND SPECIMEN SITE(S) are essential for proper Pathologic evaluation. The report may be significantly delayed if there is no clinical history provided.

PROCEDURE

- Complete the consultation request legibly. ALL THE BOXES SHOULD BE COMPLETED AS THEY ARE ESSENTIAL FOR PROPER IDENTIFICATION OF PATIENT, SPECIMEN AND PHYSICIAN, AND FOR PROPER PROCESSING OF SPECIMEN FOR **BEST PATIENT CARE.**
- The **DATE AND TIME OF COLLECTION AND FIXATION** is required.
- Ship specimens to the appropriate facility. Ensure the specimen does not freeze.
- For any further information, please call the site that customarily receives your Cytology Specimens.
- A supply of these forms is available through IH Document Services.
- See Instructions below for specific specimen collection requirements.
- For additional information on supplies used for specimen collection, please call the site that customarily receives your cytology specimens. For EGFR, PDL1, ER/PR a sample must be submitted in 10% formalin.

Specimen Containers	Pink or Orange top sterile specimen container	MUST be labelled with patient name (first and last), date of birth and PHN, specimen type, specimen site and name of ordering physician. (a minimum of 3 patient identifiers required)
	Pre-filled 30 mL Cytolyt® container	
Direct Smears / Slides	Superfrost Plus slides	MUST be labelled on the frosted end with patient name (first and last) and Personal Health Care number. Please use pencil; ink will be removed during the staining process.
	Snowcoat one end slides	
Fixative	Cytolyt® preferred. For Royal Inland Hospital specimens can use 50% ethyl alcohol. (Optimal ratio is 1 part fixative to 3 parts specimen.)	

Body Fluids Pleural Pericardial	Peritoneal Other	Submit fresh in sterile container unless transport delay of > 4 hrs then add fixative and refrigerate. For KGH submit 2 portions: A) CytoLyt, B) 10% Formalin Unless < 10 mL sample volume then submit entire volume in CytoLyt.
CSF		Add fixative and refrigerate CSF if transport delay of > 1 hr.
Brushings Bronchial Biliary	Gastric Other	Do not apply brush directly to slides. Detach and submit entire brush covered in fixative. If transport delay is > 4 hrs, refrigerate.
Washings Bronchial Pelvic Bronchoalveolar Lavage	Renal pelvis Other	Submit fresh in sterile container unless transport delay of > 4 hrs then add fixative and refrigerate.
FNAs Thyroid Lung Any other site	Breast Lymph node	Submit minimum 2 direct smears (one air dried, one fixed*) and needle rinse in 30 mL fixative. If transport delay is > 4 hrs, refrigerate. *Smears are to be fixed for a minimum of 30 minutes in 95% ethyl alcohol.
Sputum		Collect pre-breakfast deep cough sputum on 3 consecutive days, in 3 separate containers. Fresh specimen unless delay of > 4 hrs then add fixative and refrigerate.
Urine Voided		Submit fresh, second voided morning urine. If delay > 1 hr add fixative and refrigerate. Note: Cytology is not recommended for the initial workup of microscopic hematuria. Please submit appropriate clinical history with indication for voided urine cytology.
Urine-Catheterized / Cystoscopic		Submit one specimen minimum 20 mL urine. Fresh specimen unless delay of > 1 hr then add fixative and refrigerate.
Nipple Discharge		Submit nipple secretion on minimum one glass slide either air dry or fixed with 95% ethanol for 30 minutes.