HOUSTON Methodist LEADING MEDICINE

HMDL CYTOLOGY PATHOLOGY SERVICE

MRL-MDL IA #R7251

Collection Date & Time:_____

PATIENT'S INFORMATION ***(SOFTLAB REGISTER IA #R7251)***

Patient's Full Name:_____ Date of Birth:____/___/_____

Address:_____ Gender_____

Ordering Physician's Full Name:_____ **Signature**:_____

Hospital/Facility:_____

Address:_____City:_____State:_____ZipCode:_____

PHONE:_____FAX:_____

GYNECOLOGICAL SPECIMENS

☐ Pap Test ☐ Pap Test w/Reflex High Risk HPV DNA testing on cases diagnosed as ASC-US
☐ Pap Test w/HPV (woman 30+) ☐ Chlamydia ☐ Gonorrhea ☐ Other ☐ Please call for HPV testing on ACS-US

SOURCE OF SPECIMEN ☐ Cervical ☐ Endocervical Brush ☐ Vaginal ☐ Anogenital ☐ Other_____

FEDERAL REGULATIONS REQUIRE COMPLETION OF THE FOLLOWING

CLINICAL DATA

Cervical Lesion	☐ Yes ☐ No	Radiation	☐ Yes ☐ No
Suggest Cancer	☐ Yes ☐ No	Hysterectomy	☐ Yes ☐ No
Abnormal Bleeding	☐ Yes ☐ No	Hormones	☐ Yes ☐ No
Previous Abnormal Smear	☐ Yes ☐ No	Pregnancy	☐ Yes ☐ No
IUD	☐ Yes ☐ No	Clinical High Risk	☐ Yes ☐ No

LMP_____

Additional History/Comments:_____

NON GYNECOLOGICAL SPECIMENS

TYPE OF SPECIMEN
☐ Smear / Brush ☐ Bronchoalveolar Lavage (BAL) ☐ Fine Needle Aspiration Biopsy (FNA) ☐ Fluid ☐ Washing
☐ Other_____

SOURCE OF SPECIMEN
☐ Pulmonary ☐ CSF ☐ Pleural ☐ Gastric ☐ Peritoneal ☐ Breast ☐ Urinary Bladder ☐ Sputum
☐ Urine ☐ Other_____

SPECIAL STAINS
☐ GMS / PCP ☐ AFB ☐ Other_____

HISTORY FOR NON-GYN SPECIMENS	**FOR LAB USE ONLY** Gross Description: _____Thin Prep S#_____ _____Pap Flow#_____ _____Diff Quik _____Cell Block _____Adeq Check _____Other_____ _____ ☐ Cytotechnologist ☐ Pathologist Date

Patient Label

TO MAIL SPECIMEN
(PLEASE SECURELY CLOSE AND SEND TO):
Houston Methodist Diagnostic Laboratories
6565 Fannin St., Dunn Tower
Second Floor, D2-109
Houston, TX 77030
Phone: 713-441-4411