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