_____

_____

Date:_____/_____/_____

Histology / Cytology Request Form

Name:_____Age:_____Gender__

Tel:_____ Email:_____ Residence_____ LMP Date_____

Clinical Summary	_____ _____ _____ _____ _____							
Sample (Tick As appropriate)	FNA		PAP SMEAR		Aspiration FLUID		Other	
	Biopsy/ Cores		SKIN		Surgical Specimen		Other	
Anatomical Site	_____							
Fluid/FNA Sample Description	Bloody		Mucoid		Purulent		Straw colured	
Test(s) required (tick as appropriate)	H& E		PAP	Giemsa		Fungal Stain Stains	ZN	
	IHC (Specify panel)	_____ _____ _____ _____ _____						
	Special Stains (Specify)	_____ _____ _____ _____ _____						

Requested by_____ **Tel:**_____

Date_____ **Sign:**_____