


AP Label	 <b>Penn Medicine</b> 3400 Spruce Street Philadelphia, PA 19104 Anatomic Pathology 6 <sup>th</sup> Floor Founders Room 6115 Telephone 215-662-6526 <h2 style="margin: 0;">Cytopathology</h2> <h3 style="margin: 0;">Non-Tissue Specimens Only</h3>	<b>PLACE PATIENT LABEL</b> <b>COMPLETE THE FOLLOWING IF LABEL UNAVAILABLE</b>
	Name _____ DOB _____ Address _____ Age _____ Medical Record No. _____ Sex _____	Page # _____ of _____

Date of Operation/Procedure:	HUP <input type="checkbox"/> Perelman Center <input type="checkbox"/> or UPHS Satellite Location <input type="checkbox"/>	OR # or Clinic Location _____	Operation/Procedure: _____
PLEASE PRINT			
Ordering Clinician Name: _____			
Additional Reports to: _____			
Attending Surgeon / Proceduralist Name and Cell Phone #: _____			

<b>Clinical History: (Include prior pathologic diagnoses; include LMP if appropriate)</b>	<b>ICD-10</b> _____
Previous Cytology: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____ Infectious Precautions: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____ Previous Chemotherapy: <input type="checkbox"/> No <input type="checkbox"/> Yes Previous Radiation: <input type="checkbox"/> No <input type="checkbox"/> Yes Hormones: <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Additional History:</b> _____	

**Specific question(s) to be answered by consultation, including special studies:**

Perform Molecular Testing, when clinically appropriate, as outlined in "Molecular Profile Algorithm" policy.

Rule Out Lymphoma (In Normosol)

Other \_\_\_\_\_

Aspiration (FNA)	Fluid	GI Brushing	Respiratory	Urinary																																																		
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**Other / Not listed above (please print)** \_\_\_\_\_

Person completing this form Print name _____	Person sending the specimen if different from person completing this form Print name _____	If applicable, person hand-delivering the specimen Print name _____
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FOR PATHOLOGY USE ONLY IN THIS BOX			
Fine Needle Aspiration Assessment			
Number of Passes: _____		Site: _____	
		Performed by: _____	
1. _____	4. _____	<b>Billing</b> 88173 (x1) 88172 (x1) 88177 (x __) 10021 (x1)	
2. _____	5. _____		
3. _____	6. _____		
Impression: _____ Pathologist(s): _____ CP CPI			
Service: 1 2 3 4 # Slides: Fixed _____ Air Dried _____ Separate specimen for: _____			
# Containers: Fresh(Normosol) _____ Fixed(Cytolyt) _____ Fluid Volume: _____ # Slides: Fixed _____ Air Dried _____			
Picked up / Received by: _____		Total Number of Specimens picked up/received: _____	

For Lab Use Only

Affix Cerner Label Here

### Cytology Prep Lab Only

# Containers: (volume of fluid per container)

Fresh \_\_\_\_\_ Normosol \_\_\_\_\_ Cytolyt \_\_\_\_\_

Appearance: Mucoïd Foamy Cloudy

Clear Bloody Clotted

# Slides: PAP stain \_\_\_\_\_ Diff Quik \_\_\_\_\_

Preparation: ThinPrep Cytospin (x4)

Cell Block : Traditional Cellient No

Fresh fluid saved Molecular vial prepared

## Specimens for Cytopathology Checklist

### Obtaining the specimen

1. Use "read-back" methodology to confirm type of specimen, specimen name and destination
2. Confirm patient identity using 2 patient identifiers (match the ID label to other documentation)
3. Label a leak proof container (NOT a zip lock bag) for each specimen
4. Place specimen in the container and ensure the cap or lid is tightly secured
5. Please confirm specimen submission method using the Online Web Tool available through the Perioperative Services Website:



### Nursing Specimen Handling Guidelines

### Completing the requisition

Complete the requisition, filling in all areas including location of procedure, contact information for the physician performing the procedure and any pertinent clinical history

Specify any special studies requested by the physician

Confirm patient identifiers on the requisition match both the label on the container and the patient

### Packaging specimen for transport

Place specimen container in biohazard bag

Validate integrity of zip lock seal on biohazard bag

Fold requisition where patient identification is visible

Place folded requisition form in the plastic bag sleeve with patient identifier information visible

### Specimen transport

Utilize Web Tool to determine appropriate handling and transport.

Fresh: In refrigerator for Anatomic Pathology Pickup

Fixed: In refrigerator for Anatomic Pathology Pickup

or

Hand deliver 6 Founders or Perelman Ground South Room 482 Window

Complete information in the respective log book

### For SAME DAY RUSH specimens (BAL and CSF for same day result)

Follow steps outlined in checklist up to Specimen transport:

Hand deliver to 6 Founders or Perelman Ground South Room 482 Window