


AP Label	 <b>Penn Medicine</b> 3400 Spruce Street Philadelphia, PA 19104 Surgical Pathology 6 <sup>th</sup> Floor Founders Room 6115 Telephone 215-662-6526 <b>Cytopathology</b> <b>Gynecologic Specimens Only</b>	<b>PLACE PATIENT LABEL</b> <b>COMPLETE THE FOLLOWING IF LABEL UNAVAILABLE</b> Name _____ DOB _____ Address _____ Age _____ Medical Record No. _____ Sex _____			
<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">Page #      of</div>					
Date of Operation/Procedure: HUP <input type="checkbox"/> Perelman Center <input type="checkbox"/> or UPHS Satellite Location <input type="checkbox"/> PLEASE PRINT		OR # or Clinic Location _____ Operation/Procedure: _____			
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> _____			
<p><b>LMP:</b> _____</p> <table style="width: 100%;"> <tr> <td style="width: 33%;"> <b>Is patient pregnant:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  <b>Hysterectomy:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  <b>Birth Control Pill:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  <b>Previous Chemotherapy:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes         </td> <td style="width: 33%;"> <b>Post Partum:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  <b>Post Menopausal:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  <b>Hormone Therapy:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  <b>Previous Radiation</b> <input type="checkbox"/> No <input type="checkbox"/> Yes         </td> <td style="width: 33%;"> <b>Breast Feeding:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  <b>IUD:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes         </td> </tr> </table> <p> <b>Previous Pathology:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <b>If yes, specify:</b> _____  <b>Infectious Precautions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <b>If yes, specify:</b> _____       </p> <p><b>Additional History:</b></p>			<b>Is patient pregnant:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <b>Hysterectomy:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <b>Birth Control Pill:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <b>Previous Chemotherapy:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Post Partum:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <b>Post Menopausal:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <b>Hormone Therapy:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <b>Previous Radiation</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Breast Feeding:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <b>IUD:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
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<b>Specific question(s) to be answered by consultation, including special studies:</b> <input type="checkbox"/> <b>Perform Molecular Testing algorithm, as outlined in "Penn Pathways".</b> <input type="checkbox"/> Other _____					
<b>SELECT ONE OF THE FOLLOWING</b>					
<input type="checkbox"/> COTEST: PAP + HIGH RISK HPV DNA TEST w/ REFLEX GENOTYPE <input type="checkbox"/> REFLEX: PAP + HIGH RISK HPV DNA IF ASCUS/LSIL OVER 25 <input type="checkbox"/> PAP ALONE (NO HPV TESTING)					
<b>COLLECTION SITE (select all that apply)</b>					
<input type="checkbox"/> Cervical <input type="checkbox"/> Cervix <input type="checkbox"/> Endocervical <input type="checkbox"/> Vaginal <input type="checkbox"/> Vulva					
<b>Person completing this form</b> Please print _____	<b>Person sending the specimen if different from person completing this form</b> Please print _____	<b>If applicable, person hand-delivering the specimen</b> Please print _____			
<b>FOR PATHOLOGY USE ONLY IN THIS BOX</b>					
Fine Needle Aspiration Assessment Number of Passes: _____ Site: _____ Performed by: _____					
1. _____ 2. _____ 3. _____ Impression: _____ Pathologist(s): _____ CP CPI		<b>Billing</b> 88173 (x1) 88172 (x1) 88177 (x ____) 10021 (x1)			
Service: 1 2 3 4 # Slides: Fixed _____ Air Dried _____ ThinPrep Y N Separate spec. 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:      Mucoid              Foamy              Cloudy  
                          Clear              Bloody              Clotted

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

Preparation:      ThinPrep              Cytospin      (x2)      (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:



### 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 plastic bag

Validate integrity of zip lock seal on plastic 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 or Fixed: In refrigerator for Anatomic Pathology Pickup

or

Hand deliver to one of the following locations:

6 Founders Anatomic Pathology Specimen Receiving Window

Perelman Ground 482 South Anatomic Pathology Specimen Receiving Window

Complete information in the respective log book

### For STAT specimens

Follow steps outlined in checklist up to Specimen transport:

Hand deliver to 6 Founders or Perelman Ground 482 South Anatomic Pathology Specimen Receiving Window