Trumbull Laboratories, LLC
helping doctors help patients
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John B. Thomison, M.D., Director of Cytopathology

CYTOLOGY

COLLECTOR COMPLETES TEAL SHADED AREAS

Chart # _____ SS# _____ Collection Date _____ Time: _____

Patient Name: Last _____ First _____ Middle _____

Home Address _____

City _____ State _____ Zip _____

Sex _____ Date of Birth ____ / ____ / ____ Patient Phone # (___) _____

Ordering Physician _____

Clinical History

Has the patient ever been diagnosed with cancer? Yes / No Please Specify: _____

Pre Op Therapy: Chemo ❑ XRT ❑

ICD-10 / Diagnosis Codes:

Source of Specimen (Please ✓ one)

❑ Abdominal/Ascites/Peritoneal Fluid	AF	❑ Breast, Nipple Secretion Rt __ Lt __	NS	❑ Thyroid, Needle Biopsy	NTH
❑ Abdominal/Peritoneal Wash	AW	❑ Chest Wall, Needle Biopsy	NCW	❑ Transbronchial Biopsy	NTB
❑ Bile Duct Brush	BDBR	❑ Disc Needle Biopsy	ND	❑ Wang Needle	NWN
❑ Bladder Wash	BLDW	❑ EBUS Biopsy, site: _____	NEB		
❑ Bronchial Biopsy Rt __ Lt __	BBX	❑ Kidney, Needle Biopsy Rt __ Lt __	NK	❑ Catheterized Urine	URC
❑ Bronchial Brush Rt __ Lt __	BB	❑ Liver, Needle Biopsy	NLV	❑ Ileal Conduit	IC
❑ Bronchial Wash Rt __ Lt __	BW	❑ Lung, CT-Guided Needle Biopsy Rt __ Lt __	LGN	❑ Pelvic Fluid	PVF
❑ Bronchioalveolar Lavage Rt __ Lt __	BAL	❑ Lung, Needle Biopsy Rt __ Lt __	LUNB	❑ Pelvic Wash	PVW
❑ Cerebrospinal Fluid	CSF	❑ Lung, Needle Core Biopsy Rt __ Lt __	LNC	❑ Pericardial Fluid	PCF
❑ Diaphragm Wash	DW	❑ Lymph Node, Needle Biopsy	LYNB	❑ Pleural Fluid	PF
❑ Esophageal Brush	EBR	❑ Mediastinum, Needle Biopsy	NM	❑ Renal Pelvic Wash Rt __ Lt __	RPW
		❑ Ovary, Needle Biopsy Rt __ Lt __	OV	❑ Retroperitoneal Mass Biopsy	NRP
		❑ Pancreas, Needle Biopsy	NP	❑ Sputum	SP
		❑ Pelvic Mass, Needle Biopsy	NPM	❑ Urethral Wash	UW
❑ Abdominal Mass, Needle Biopsy	ABNB	❑ Pleura, Needle Biopsy	NPL	❑ Ureteral Wash Rt __ Lt __	URW
❑ Adrenal, Needle Biopsy	ADNB	❑ Salivary Gland, Needle Biopsy	NSG	❑ Vitreous Fluid Rt __ Lt __	VF
❑ Bone, Needle Biopsy, site: _____	NBO	❑ Soft Tissue, Needle Biopsy, site: _____	NST	❑ Voided Urine	URV
❑ Breast, Core Biopsy Rt __ Lt __	BCB	❑ Spleen, Needle Biopsy	NSP	❑ Other _____	
❑ Breast, Needle Biopsy Rt __ Lt __	NB	❑ Thoracotomy	TS	_____	

Failure to fill out form completely will cause delay of test results

For insurance billing - please fill out form in entirety or copy insurance card

PRIMARY INSURANCE: ID#: GROUP #:

INSURANCE ADDRESS:

INSURANCE PHONE #: INSURANCE SUBSCRIBER: DOB RELATIONSHIP TO PATIENT:

SECONDARY INSURANCE: ID#: GROUP #:

INSURANCE ADDRESS:

INSURANCE PHONE #: INSURANCE SUBSCRIBER: DOB RELATIONSHIP TO PATIENT:

FOR LABORATORY USE ONLY

12 Accession #	**16** Smear		**21** Gross Description Received _____ ml of ☐ Clear ☐ Bloody Fluid ☐ Other
13 Date Received	**17** Cyto Prep		**22** ☐ Fresh ☐ Cytolyte ☐ 95% Alcohol ☐ Formalin ☐ Fixed ☐ Other
14 Time In	**18** Filters		**23** ☐ Tissue Fragments ☐ Small ☐ Large ☐ Decal _____ Pieces
15 Thin Prep	**19** Special Stains		**24** Comments
	20 Cell Block	Cellient	**25** Technician

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