

## Request Form for Histopathology &amp; Cytology

## Completed By Doctor (in English)

Patient Name: ..... Age: ..... Sex: Male Female

## Clinical History

**Please complete in English.**

Doctor name:

Phone Number:

Signature:

Date:   

## Lab Use Only Patient Name (BLOCK Letters)

First Name                      Other ID Number:                     Family Name                      Nationality:                     DOB:     Sex:  Male  Female City:                     Mobile Number:                     

## Cytology

- Cervical Smear:
- Vaginal discharge.
- Irregular vaginal bleeding.
- Postmenopausal.
- Suspicious cervix.

 Exfoliative cytology:

- Sputum
- Pleural fluid
- Ascitic fluid.
- Urine
- others

## Surgical Pathology

## Biopsy of any tissue:

- Excisional
- Incisional

Site:

## Fine needle aspiration cytology

- Breast
- Thyroid
- Others