



\*LAB08\*

### AML NONGYNECOLOGIC CYTOLOGY REQUEST

800 East 28th Street, Minneapolis, MN 55407  
Phone: 612-863-4678 • Fax: 612-863-3089  
www.allina.com/medicallaboratories

**BILL TO: MUST CHECK ONE**  CLINIC/FACILITY  INSURANCE  PATIENT (SELF-PAY)

DATE & TIME COLLECTED \_\_\_\_\_ DRAWN BY (AML Staff use Tech # Only) \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_  MALE  FEMALE BIRTH DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

PATIENT NAME (LAST) (FIRST) (M.I.) CHART # \_\_\_\_\_

PATIENT ADDRESS (STREET) \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PATIENT PHONE ( ) \_\_\_\_\_

MEDICARE PRIMARY  MEDICARE SECONDARY

MEDICARE NUMBER \_\_\_\_\_ SUFFIX \_\_\_\_\_

MEDICAL ASSISTANCE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

POLICY HOLDER \_\_\_\_\_ POLICY HOLDER DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

MEMBER/POLICY # \_\_\_\_\_ GROUP # \_\_\_\_\_ CLINIC # \_\_\_\_\_

RELATIONSHIP OF PATIENT TO INSURED  SELF  SPOUSE  DEPENDENT INSURANCE CO. NAME \_\_\_\_\_

INSURANCE

Collection Date: \_\_\_\_\_

#### Source (specify):

- Urine Cytology
- Urine FISH Only (NO Cytology)
- Urine Cytology and Urine FISH
- Urine Cytology with Reflex Urine FISH if Cytology is Abnormal
- Anal Thin Prep
- Cytology Only
- Cytology and HPV
- HPV Only

#### CLINICAL HISTORY/DIAGNOSIS

#### FOR LAB USE ONLY

ANW  UNITY  MERCY  UNITED

Description:

SLIDES: SMR TP Cytospin  
# Air dried \_\_\_\_\_  
# Fixed \_\_\_\_\_

CELL BLOCK:

Yes  No  QNS

SPECIAL STAIN:  Yes  No

Fungus

Mucicarmine

Other \_\_\_\_\_

Prep Tech Initials/Date \_\_\_\_\_

CT Diagnosis:  
  
  
  
  
Date \_\_\_\_\_ Initials \_\_\_\_\_

Affix  
Summary Label  
Here