衞生署公共衞生檢測中心
九龍石硤尾南昌街382號
Public Health Laboratory Centre, Department of Health
382 Nam Cheong Street, Shek Kip Mei, Kowloon

組織病理及細胞學化驗室
Histopathology & Cytology Laboratory

Lab. No. _____

NON-GYNAECOLOGICAL CYTOLOGY

HKID

Surname

Other Names

Gender M / F DOB _____ (dd/mm/yyyy)

Requesting Doctor's Name and Code

Signature

Requesting Unit

Report to Clinic *(if different from Requesting Unit)*

Clinical Summary & Diagnosis

Nature & Source of Specimen

Respiratory

- ☐ Sputum
- ☐ Bronchial aspirate
- ☐ Bronchoalveolar lavage
- ☐ Tracheal aspirate
- ☐ Others _____ *(please specify)*

Others

- ☐ Urine
- ☐ Pleural fluid
- ☐ Peritoneal fluid
- ☐ FNA: *Site* _____ *(please specify)*
- ☐ CSF
- ☐ Joint fluid
- ☐ Gastric lavage
- ☐ Others _____ *(please specify)*

Test Requested

- ☐ Cytology
- ☐ Asbestos bodies
- ☐ Differential count
- ☐ Eosinophils
- ☐ Haemosiderin
- ☐ Metachromatic granules
- ☐ Pneumocystis carinii
- ☐ Urate crystal
- ☐ Others _____ *(please specify)*

Date Collected _____ (dd/mm/yy)

FOR LABORATORY USE ONLY

Quantity
- ☐ approx. _____ ml
- ☐ scanty

Colour
- ☐ white
- ☐ yellow
- ☐ colourless
- ☐ brown
- ☐ green
- ☐ red
- ☐ others _____

Viscosity
- ☐ mucoid
- ☐ slimy
- ☐ watery

Appearance
- ☐ blood stained
- ☐ clear
- ☐ clot present
- ☐ turbid
- ☐ others _____

- ☐ spilt
- ☐ reject

Preparation
- ☐ cell block
- ☐ blood clot

No. of Smears
- ☐ received _____
- ☐ prepared _____