

**LABORATORY OF PATHOLOGY**  
**CRIS Downtime/Submitted Cases Requisition for Cytology Exam**

**Cytology samples should be delivered to room 2S238 during work hours, and to DLM cytology refrigerator in room 2C306 after work hours. Submitted outside consult cases should be delivered to Anatomic Pathology processing section room 2S262**

<input type="checkbox"/> <b>RUSH</b>		<input type="checkbox"/> <b>ROUTINE</b>		<b>NIH Cytopathology #</b> (Assigned by LP)	
Specimen Submitted By: Name (Last, First, Middle Initial)		Time of Collection		Date Obtained  / /	
		Phone/Beeper# Organization			
Principal Investigator (if applicable) Name (Last, First, Middle Initial)			Address (building, room) (if applicable)		
Clinical Diagnosis:					
Brief Clinical History:					
Site of sample submitted:					
Type of sample submitted:					
Patient Name		Age	DOB	Sex	LMP (if GYN sample)
NIH Medical Record Number (if applicable):		Patient Location (if applicable):			
Notes:					

**\* All cases, including submitted outside consult cases, must have all information fill out properly to be processed**