कर्मचारी राज्य बीमा निगम अस्पताल,पीण्या, बेंगलूरु- 560 022.

EMPLOYEES' STATE INSURANCE CORPORATION HOSPITAL, PEENYA, BENGALURU - 560 022.

(Under Ministry of Labour & Employment, Govt. of India)

FNAC/EXFOLIATIVE CYTOLOGY REQUISITION

Name :	Age :	Sex:M/F :
IP. NO.	Date :	Dept. (IP/OP):
Ref. Dr.:	Diagnosis :	

Previous Cytology Done :-Yes/No.

if yes, Previous No.:-

Date and time of collection :-

* Cervical Smear (LMP)
* Vaginal Smear (LMP)
* Endometrial Wash (LMP)
* FNAC-Site
* Sputum
* Urine for Malignant cell
* Pleural fluid
* Peritoneal fluid
* CSF

* Others (Specify).....

Brief clinical notes :

Signature of Doctor.

Date of receipt in lab.

Cytology No.:

Lab Technician name :