BPL
กรุงเทพ พยาธิ-แลป
Bangkok Pathology-Laboratory

The Most Trustworthy
Medical Diagnostic Laboratory Center

167 ซอยระนอง 1 ถนนพระราม 6 แขวงสามเสนใน เขตพญาไท กรุงเทพฯ 10400 Tel : 0 2619 2909 (8 คู่สาย) Fax : 0 2619 2937
167 Soi Ranong 1 Rama 6 Rd., Samsen-nai, Phyathai, Bangkok 10400, THAILAND E-mail : info@bpl.co.th http://www.bpl.co.th

☐ นาย ☐ นาง ☐ น.ส.	Name and Last name:	☐ Male ☐ Female Age:	ID. No:
Hospital:	Ward:	HN:	Date&Time of collection:
Physician:	LN:	HIS:	

Non-Gynecologic / CYTOLOGY REQUISITION FORM

BARCODE

PATHOLOGISTS

Prasarn Jimakorn, M.D.
Ittee S. Chonmaitri, M.D.
Damrong Bhanthumkosol, M.D.
Thiti Kuakpaetoon, M.D.
Chai Petchasuwan, M.D.
Anucha Tangthangtham, M.D.
Jidapa Thammasiri, M.D.
Sayoomporn Karalak, M.D.
Kobkul Tangsinmankong, M.D.
Napaporn Puriput, M.D.
Paisarn Boonsakan, M.D.
Sakchai Chitpakdee, M.D.
Piriya Sutthiruangwong, M.D.
Anchaleerat Lertsatit, M.D.
Thiwaporn Thesawadwong, M.D.
Weena Laddachayaporn, M.D.
Poonnawis Sudtikoonaseth, M.D.
Chutima Chavanisakun, M.D.
Nisarat Dhanarak, M.D.
Noppadol Larbcharoensub, M.D.
Churaion Unhasuta, M.D.

EXFOLIATIVE AND ASPIRATION CYTOLOGY

☐ Conventional method	☐ Cell block	No. of slides .....
☐ Liquid based preparation	☐ Cyto Spin	No. of bottles .....
☐ Others	Specimen	

● EXFOLIATIVE CYTOLOGY

☐ ***Effusion***
- ☐ Pleural (☐ Right ☐ Left) ☐ CSF
- ☐ Peritoneal (☐ Ascites ☐ Washing) ☐ Urine (☐ Voided ☐ Catheterized [☐ Right ☐ Left])
- ☐ Pericardial

☐ ***Sputum*** ☐ ***Bronchial washing*** ☐ ***Bronchial brush*** ☐ ***Bronchoalveolar Lavage (BAL)***

☐ ***Others (specify):*** .....

● ASPIRATION CYTOLOGY

☐ ***FNA*** ☐ Breast ☐ Thyroid ☐ Lymph node ☐ Other specimen(specify) .....
(Location: ☐ Right ☐ Left ☐ specify .....)

☐ ***IMPRINT (or smear) CYTOLOGY***
☐ Bone marrow* ☐ Lymph node* ☐ Other(specify).....

*Bone marrow or LN smear/imprint, please provide the results of CBC&other lab results and physical exam. of liver, spleen and lymph nodes.

Clinical Dx: / Clinical findings:

Previous cytologic and/or surgical pathology result:

☐ Yes Result ..... Date .....
☐ No

Physician's Signature ..... M.D. Date.....

For ***BPL*** used only

No. of slides ..... No. of bottles .....

Received date and time ..... Registration date and time .....