

FORM IC-002

**IMPRESSION CYTOLOGY
SPECIMEN INFORMATION**

Patient Name: _____ (Last/First/MI)

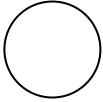
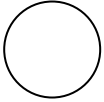
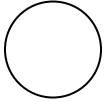
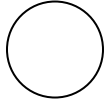
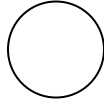
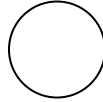
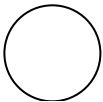

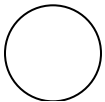
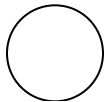
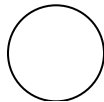
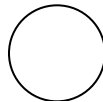
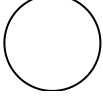
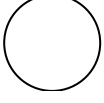
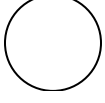
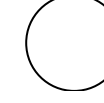
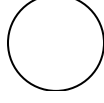
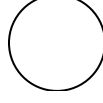
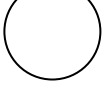
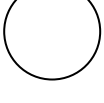
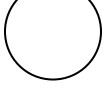


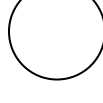
Patient Date of Birth: _____ (M) / _____ (D) / _____ (Y) **Medical Record No.** _____

Date of Specimen Collection: _____ (M) / _____ (D) / _____ (Y)

Center Name: _____

Physician Performing IC: _____ (Last/First/MI)

BOX # _____

	1	2	3	4	5	6
A	 Eve:	 Eve:	 Eve:	 Eve:	 Eve:	 Eve:
B	 Eve:	 Eve:	 Eve:	 Eve:	 Eve:	 Eve:
C	 Eve:	 Eve:	 Eve:	 Eve:	 Eve:	 Eve:
D	 Eve:	 Eve:	 Eve:	 Eve:	 Eve:	 Eve:

Notes to IC Core Facility:
