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FORM IC-002

IMPRESSION CYTOLOGY SPECIMEN INFORMATION

Patient Name:						(Last/First/MI)
Pati	ent Date of Bir	th:(M	(D) /(D) / _	(Y) M	edical Record No	•
Date	e of Specimen (Collection:	(M) /	_ (D) /	(Y)	
Cen	ter Name:					
Phy	sician Performi	ing IC:				(Last/First/MI)
ВОХ	X #					
	1	2	3	4	5	6
A						
	Eve:	Eve:	Eve:	Eve:	Eve:	Eve:
В	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:

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