

Patient ID #:

Date:

Tech Initials:

Type of Fluid: (circle one)

Abdominal/Peritoneal

Thoracic/Pleural

Pericardial

Sample(s):

LTT: _____ (ml)

RTT: _____ (ml)

Other (indicate type): _____/_____ (ml)

Appearance:

Circle color and clarity for each sample received (if not the same). Fill in the "Spun" section if it differs from the original sample.

Color: Colorless
 Straw
 Yellow
 Amber
 Brown
 Tan
 Orange
 Red
 Pale Red
 Pink
 White
 Green

Clarity: Clear
 Hazy
 Cloudy
 Opaque
 Turbid

Characteristics: Blood Clot (red)
 Fibrin Clot (white/tan)
 Flocculent
 Milky
 Uniform
 Bloody
 Mucoid
 Viscous

Spun: _____/_____
 (Color) (Clarity)

Total Protein (g/dL): _____
 (From spun sample if not clear)

Packed Cell Volume (%): _____

Nucleated Cell Count (cells/ μ l): _____

Slides Made (#): Direct: _____ Line: _____ Spun: _____

Additional Notes: _____

