

## CYTOLOGY / FINE NEEDLE ASPIRATION

DEPARTMENT OF PATHOLOGY 1-301-754-7330 SPEC DATE: PATH NO. AGE LMP PARA HORMONE RX GR COMPLETED BY: PHYSICIAN PERFORMING PROCEDURE (PRINT AND SIGN): PARALLEL SURGICAL CASE: **EXTENSION:** HISTORY & CLINICAL DX: CAP & Federal Regulations require appropriate clinical information be provided before the specimen can be accepted by the laboratory. PRELIMINARY PATHOLOGIC EVALUATION (FNA): CHARGE CODE: PATHOLOGIST: MD **NON-GYNECOLOGIC TESTING EBUS** BODY CAVITY FLUIDS PULMONARY ☐ EBUS □ Sputum □ Bronchial Wash ☐ Bronchial Brush ☐ Pleural Fluid ☐ Peritoneal Fluid ☐ Pericardial Fluid ☐ Cytology Requested ☐ Microbiology Ordered ☐ Induced Sputum ☐ Syncvial Fluid ☐ Pelvic Washing ☐ Bronchoalveolar Lavage ☐ Breast Cyst Fluid ☐ Ovarian Cyst Fluid ☐ Flow Cytometry Requested □ PCP (only for Ind. Sputum, Bronch. Wash, or Bronch. Lavage) ☐ Other FINE NEEDLE ASPIRATION □ \*\*\*Notify Pathologist upon arrival in GASTROINTESTINAL ☐ Breast (L / R) Liver ☐ Lung (L / R) ☐ \*\*\*Instructions received from ☐ Esophageal Wash
☐ Esophageal Brush ☐ Kidney (L / R) Pathologist ☐ Gastric Wash ☐ Gastric Brush Lymph Node: Site\_ □ Pancreas ☐ Bile Duct Brush □ Bile Drainage □ Ovary (L / R) ☐ Site: ☐ Thyroid (L / R) ☐ Salivary Gland ☐ Other \_ UROLOGIC ☐ Urine, Voided □ Urine, Catheterized ☐ Renal Pelvis Washing (L / R) OTHER □ Bladder Washing ☐ Renal Pelvis Brushing (L / R) ☐ Ureteral Washing (L / R) ☐ Nipple Secretion □ Cerebrospinal Fluid ☐ Ureteral Brushing (L / R) □ Conjunctival Scraping ☐ Skin Scraping ☐ Other\_ ☐ Other\_ Other\_



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