

DO NOT ORDER MANUALLY EXCELLIAN ORDER

Place Excellian patient label here

Sending Location: _____

FNA Cytology Aspirate

FNA done by Dr: _____
 Clinician Radiologist Pathologist Surgeon

*This completed form must accompany the
 FNA specimen to Allina Health Laboratory*

		Date/Time collected	Verified name & DOB Initials: _____
Source/Site A: _____	<input type="checkbox"/> FNA <input type="checkbox"/> Core Bx	_____	Verified site Initials: _____
Source/Site B: _____	<input type="checkbox"/> FNA <input type="checkbox"/> Core Bx	_____	
Source/Site C: _____	<input type="checkbox"/> FNA <input type="checkbox"/> Core Bx	_____	
Source/Site D: _____	<input type="checkbox"/> FNA <input type="checkbox"/> Core Bx	_____	

CLINICAL INFORMATION (Clinical findings, pertinent history, clinical impression, comments, etc.)

ADDITIONAL TESTING (Needle rinse/washout required):

- Appropriate order must be placed in Excellian*
- Calcitonin, fine-needle aspiration biopsy (FNAB)-needle wash, lymph node
LAB994, MML CATLN
 - Parathyroid hormone, fine-needle aspiration biopsy (FNAB)-needle wash
LAB994, MML PTHFN
 - Thyroglobulin, tumor marker, fine-needle aspiration biopsy (FNAB)-needle wash, lymph node
LAB994, MML TFNAB

For Allina Health Laboratory/Pathologist use only

Adequacy assessed by? Path Cytotech Initials _____
 Cross contamination check complete Initials _____
 Prep/Stain quality acceptable? Yes No Initials _____
QA notes:

Preliminary impression:

Indicate number of each slide/container submitted below

Slides/Other	Site A	Site B	Site C	Site D
# Air Dried Slides Unstained				
# Diff Quik Slides				
Cytolyt				
Thyroid RNA Transport Media				
RPMI				
Formalin Time in: #: _____				
B Plus				
Other miscellaneous				

Processing Instructions:

RPMI: Hold _____ TP _____ CB _____ Flow _____
 Misc: Hold _____ TP _____ CB _____ MSO _____
 Unstained Slides: Hold _____ DQ _____

Notes: _____

TP=Thin Prep CB=Cell Block DQ=Diff Quik

Apply case label here