

FNA adequacy by telepathology

Collecting facility:

- Complete Section 1 and fax to Allina Health pathology at (612) 863-8375.

Allina Health Laboratory:

- Pathologist performing the adequacy complete Section 2.
- Route the completed FNA adequacy by telepathology form to the designated area in Cytology

Collecting facility:

- Complete the FNA Request or FNA Supplemental form and submit to AHL with the FNA specimen.
 - a. Indicate “By Telepathology” in the adequacy section of the FNA Request or Supplemental form.

Section 1:		
Patient name: _____		
Patient DOB: _____		
[or place chart label here]		
Collection facility: _____		
Call back #: _____		
Source/site: _____		
(Complete a separate form for each Source/site)		
# of slides: _____		
Section 2:		
Adequacy assessed by? <input type="checkbox"/> Path <input type="checkbox"/> Cytotech	Initials	_____
Cross contamination check complete	Initials	_____
Prep/Stain quality acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No	Initials	_____
QA notes:		
Preliminary impression:		
Processing instructions:		