

DO NOT ORDER MANUALLY; ORDER EXISTS IN BEAKER

Enter the patient name, date of birth and MRN in this space, or affix a patient label containing this information here:

Sending location:

FNA Cytology Aspirate

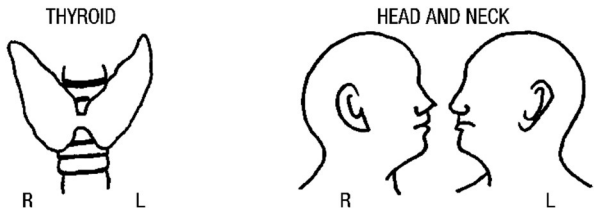
*This completed form must accompany
 the FNA specimen to
 Allina Health Laboratory*

FNA done by Dr: _____
 Clinician Radiologist Pathologist Surgeon

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

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

Indicate the location, size and consistency of the lesion aspirated.



ADDITIONAL TESTING (Needle rinse/washout required):

An order for each test must be placed in LabLink

- Calcitonin, fine-needle aspiration biopsy (FNAB)-needle wash, lymph node
994, MML CATLN
- Parathyroid hormone, fine-needle aspiration biopsy (FNAB)-needle wash, lymph node
994, MML PTHFN
- Thyroglobulin, tumor marker, fine-needle aspiration biopsy (FNAB)-needle wash, lymph node
994, MML TFNAB

Indicate number of each slide/container submitted below

For Allina Health Laboratory/Pathologist use only

Slides/Other	Source A	Source B	Source C
# Air dried slides			
# Fixed slides			
Cytolyt			
Thyroid RNA transport media			
RPMI			
Formalin Time in: #: _____			
B Plus Time in: #: _____			
Needle rinse/washout			
Other miscellaneous:			

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

Preliminary impression:

Processing Instructions:

RPMI Hold ___ TP ___ CB ___ Flow ___
 Cytolyt Hold ___ TP ___ CB ___
 Misc. Hold ___ TP ___ CB ___ DQ ___

Notes: _____
 TP=Thin Prep CB=Cell Block DQ=Diff Quik

Apply case label here