HOLY CROSS HOSPITAL

CYTOLOGY / FINE NEEDLE ASPIRATION

DEPARTMENT OF PATHOLOGY 1-301-754-7330

PATH NO.	SPEC DATE:	AGE	LMP	GR	PARA	HORMONE RX

PHYSICIAN PERFORMING PROCEDURE (PRINT AND SIGN):	COMPLETED BY:	EXTENSION:	PARALLEL SURGICAL CASE:

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):

PATHOLOGIST: MD	CHARGE CODE:

EBUS

- ☐ EBUS
  - ☐ Cytology Requested
  - ☐ Microbiology Ordered
  - ☐ Flow Cytometry Requested
  - ☐ Other _____
  - ☐ ***Notify Pathologist upon arrival in the lab
    - ☐ ***Instructions received from Pathologist
  - ☐ Site: _____

NON-GYNECOLOGIC TESTING

PULMONARY

☐ Sputum ☐ Bronchial Wash ☐ Bronchial Brush
☐ Induced Sputum
☐ Bronchoalveolar Lavage
☐ PCP (only for Ind. Sputum, Bronch. Wash, or Bronch. Lavage)

GASTROINTESTINAL

☐ Esophageal Wash ☐ Esophageal Brush
☐ Gastric Wash ☐ Gastric Brush
☐ Bile Duct Brush ☐ Bile Drainage

UROLOGIC

☐ Urine, Voided ☐ Urine, Catheterized
☐ Bladder Washing ☐ Renal Pelvis Washing (L / R)
☐ Renal Pelvis Brushing (L / R) ☐ Ureteral Washing (L / R)
☐ Ureteral Brushing (L / R)

BODY CAVITY FLUIDS

☐ Pleural Fluid ☐ Peritoneal Fluid ☐ Pericardial Fluid
☐ Synovial Fluid ☐ Pelvic Washing
☐ Breast Cyst Fluid ☐ Ovarian Cyst Fluid

FINE NEEDLE ASPIRATION

☐ Breast (L / R) ☐ Liver
☐ Lung (L / R) ☐ Kidney (L / R)
☐ Lymph Node: Site _____
☐ Ovary (L / R) ☐ Pancreas
☐ Thyroid (L / R) ☐ Salivary Gland
☐ Other _____

OTHER

☐ Nipple Secretion
☐ Cerebrospinal Fluid
☐ Conjunctival Scraping
☐ Skin Scraping
☐ Other _____
☐ Other _____
☐ Other _____

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