

Revision Number	4.0	Document Number	TP-390
Author/Reviewer	C Patton	Authoriser	A Patterson
Active Date	09/05/2019	Page Number	Page 1 of 1
Effective Date	09/05/2019	Document Type	Laboratory Form
Diagnostic Cytopathology Request Form (CT/US FNA)			

Diagnostic Cytopathology Request Form (CT/US FNA)

<p>H&C No. _____</p> <p>Unit No. _____</p> <p>Surname _____</p> <p>Forename _____</p> <p>M F D.O.B. _____</p> <p>Address _____</p> <p>Hospital _____ Ward _____</p> <p>Consultant _____</p>	<p>LAB USE ONLY</p> <p>Lab No. _____</p> <p>Dr / BMS _____ No. of passes _____</p> <p>Proc. Code _____ Washings: Y / N CB: Y / N</p> <p>Comments:</p>
---	--

<p>Site:</p> <p>Lung central / peripheral / pleural</p> <p>Liver</p> <p>Other: (please specify)</p> <p>History:</p> <p>Clinical Symptoms: Present / Absent</p> <p>Solitary / Multiple</p> <p>Size:</p> <p>Associated Lymphadenopathy? Yes / No</p> <p>Radiological opinion:</p> <p>Indeterminant / benign / malignant</p>	<p>Comments:</p> <p>Signed: _____</p> <p>Date: _____</p>
---	---

<p>Lab use:</p>
