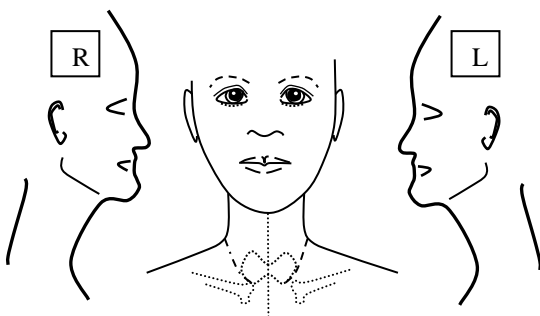


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<b>DIAGNOSTIC CYTOPATHOLOGY REQUEST FORM (HEAD AND NECK FNA)</b>			

## DIAGNOSTIC CYTOPATHOLOGY REQUEST FORM (HEAD AND NECK FNA)

<p>H&amp;C No. _____</p> <p>Unit No. _____</p> <p>Surname _____</p> <p>Forename _____</p> <p>M      F      D.O.B. _____</p> <p>Address _____</p> <p>_____</p> <p>Hospital _____ Ward _____</p> <p>Consultant _____</p>	<p><b>LAB USE ONLY</b></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>
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<p><b>Thyroid</b></p> <p>Symptomatic / incidental / hot / cold / functional nodule</p> <p>Site of lesion: right / left / isthmus / other</p> <p>Single / multiple / diffuse / focal / solid / cystic</p> <p><b>Size:</b></p> <p>Characteristics:</p> <p>intramural nodule / residual swelling after cyst drainage</p> <p><b>Radiological opinion:</b></p> <p>Solitary / multinodular / dominant</p> <p>Indeterminate / benign / malignant diag.)</p> <p>Associated lymphadenopathy? Y / N</p> <p><b>Other Site / Comments</b></p>	<div style="text-align: center;">  </div> <p><b>Salivary Gland</b></p> <p>Parotid / Submandibular / Submental</p> <p>Solid / Cystic</p> <p><b>Lymph Node</b></p> <p>Cervical / Supraclavicular / Other (see</p> <p>Single / multiple</p> <p><b>Signed:</b> _____</p> <p><b>Date:</b> _____</p>
<p><b>Lab use:</b></p>	