

Revision Number	5.0	Document Number	TP-391
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Active Date	04/12/2018	Page Number	Page 1 of 1
Effective Date	04/12/2018	Document Type	Laboratory Form

DIAGNOSTIC CYTOPATHOLOGY REQUEST FORM (EUS FNA)

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H&C No. _____

Unit No. _____

Surname _____

Forename _____

M F D.O.B. _____

Address _____

Hospital _____ Ward _____

Consultant _____

LAB USE ONLY

Lab No. _____

Dr / BMS _____ @ _____

No. of passes _____ Washings: Y / N

Proc. Code _____ CB: Y / N

Comments:

Site: Pancreas

Head Neck Body Tail

Other:
(please specify)

Clinical Symptoms: Absent / Present
(please specify)

EUS findings:

Size of lesion:

Characteristics: focal / diffuse
 solid / cystic
 solitary / multiple

Duct Dilation: yes / no

FNA approach:
 Transgastric / Transduodenal / Other

Lymph Node

Coeliac axis Mesenteric

Other:

Radiological opinion:

Signed: _____

Date: _____

Lab use: