# Fine Needle Aspiration Biopsy Clinic

## Requisition Form

**Division of the Cytopathology Laboratory**

**Department of Pathology**  726-3980

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**Clinical History:**

Date: ________________

- Documented history of malignancy: ________________
- Therapy ○ radiation ○ chemotherapy ○ surgical resection

**Requesting Physician:** ________________

**Additional Reports to:** ________________

**Call Back #** ________________

**ICD CODE (required):**

**Biopsy Site:**
- Breast
- Head/Neck,NOS
- Salivary Gland
  - Parotid
  - Submandibular
- Lacrimal
- Lymph node

**Lesion Characteristics:**
- Soft tissue
- Subcutaneous
- Well-defined
- Poorly-defined
- Fat pad
- Thyroid
- Soft
- Abdomen
- Hard
- Bone
- Rubbery
- Mobile
- SIZE: ________________

**Radiological Data:**
- Mammo/US/CT (circle)
- Suspicious
- Indeterminate
- Negative/benign
- Solid
- Cystic
- Solid and Cystic

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**Procedure Notes:**

**Consent:** ○ verbal ○ written

**Total number of passes:** ________________

**Needle size**
- 23g
- 25g
- 27g

**Rapid:**
- number of slides
  - Diff-Quik
  - Pap
  - H&E

**Material for Permanents:**
- Air Dried
- Fixed
- Fluid
- saline
- cytoyte
- Flow cytometry
- Electron Microscopy
- Other

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**Rapid interpretation:**

FNAB physician ____________________________

Cytopathology Fellow/Resident ____________________________

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**Complications:**

○ No
- Yes: (specify)

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Results Reported to: ____________________________

at ________________ AM/PM

Patient Disposition: ____________________________